ARC - Access to Resources in the Community
Accès aux Ressources Communautaires

Module 1: Part B
A Brief Introduction to the Ontario Health Care System

Learning Objectives

After reviewing this presentation, Navigators will be able to:

1. Define primary care and primary health care
2. Describe the different primary care models in Ontario
3. Know the role of the Ontario government and the Local Health Integration Network (LHIN) in health care funding and service delivery
4. Identify how different health care services are funded and the settings in which services are delivered

Primary Care and Primary Health Care

Primary Care (PC)

- The first point of contact with the health care system involving basic medical care, diagnosis and treatment
- PC is an "element within primary health care that focusses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury" (Government of Canada, 2012)

Primary Care (PC)

- PC refers to services provided by a family physician and also includes services of nurse practitioners, physician assistants, pediatricians, and geriatricians
- PC provides person-focused care and a sustained relationship between provider and patient (Muldoon, Hogg, & Levitt, 2006)

Primary Health Care

- Primary health care (PHC) is a broader perspective than PC
- PHC considers the social determinants of health such as diet, income, education, culture, housing, workplaces
- Encompasses primary care services
- Includes individual patient care and public health care (Muldoon et al., 2006)

Primary Health Care
Principles

There are 4 key principles of primary health care:

1. Equity/Equitable Distribution
2. Community Participation
3. Intersectoral Coordination
4. Appropriate Technology

howMed. (n.d).

The Ontario Government and the Health Care System

A Brief History of the Health Care System

Year	Jurisdiction	Milestone
1957	Ontario	Hospital Insurance and Diagnostic Services Act is passed. The Government of Ontario pays for hospital-based care.
1972	Ontario	Ontario Health Insurance Plan (OHIP) created, covering both hospital-based and physician-based care.
1984	Canada	Canada Health Act is passed which formally banned any form of user fee for medically necessary hospital-based and physician-provided care. This Act established 5 criteria based on principles of previous hospital and medical insurance acts: portability, accessibility, universality, comprehensiveness, and public administration.
2004	Personal Health Information Protection Act (PHIPA)	PHIPA established legislation in Ontario for the collection and use of personal health information, and protected the right of patient confidentiality.
2005	Introduction of Family Health Teams (FHTs)	Introduction of interprofessional team-based primary care (FHTs) and a new approach to how physicians are remunerated for their services.

Lavis & Mattison (2016)

A Brief History of the Health Care System

Year	Jurisdiction	Milestone
2006	Nurse Practitioner-led clinics	Expansion of the nurse role and team-based primary care.
	Local Health Integration Network (LHIN) Act	In Ontario, 14 geographically defined LHINs were created with responsibility for the planning, funding and coordination of healthcare in their regions.
2010	Ontario	The Excellent Care for All Act created an agency (Health Quality Ontario) and a set of mechanisms to support quality improvement in the health system.
2012	Ontario	The Commission on the Reform of Ontario's Public Services published recommendations for extensive reductions in spending including less expensive health workers.
2013	Community-based Specialty Clinics	The process for shifting service delivery from hospitals to community-based specialty clinics was formalized. These clinics provide low risk diagnostic and therapeutic procedures that do not require an overnight stay .

Lavis & Mattison (2016)

Ontario Government and Health Care

The role of the Ministry of Health and Long-term Care (MHLTC) includes:

* Administration of the Ontario Health Insurance Plan (OHIP)
* Planning and funding care delivery in hospital and other health facilities (e.g. Community Health Centre)
* Determining services medically necessary for health insurance coverage
* Planning and delivering health promotion, public health
* Negotiating fee schedules with health professionals

Ontario Ministry of Health and Long-Term Care (MHLTC)

* The MHLTC works with:
  * **LHINs (Local Health integration Networks)**
    * Planning, integrating and funding types of care
  * **Regulatory Colleges**
    * i.e. College of Physicians and Surgeons of Ontario
  * **Provincial Agencies**
    * i.e., Cancer Care Ontario (CCO), eHealth Ontario, Health Quality Ontario (HQO), HealthForce Ontario, Public Health Ontario, and Trillium Gift of Life Network

Lavis & Hammill (2016)

MHLTC Information Guides

For further information about the role of MHLTC in health please see:

Information for the Public:
https://www.ontario.ca/page/health-care-ontario

Information for Health Professionals:
http://www.health.gov.on.ca/en/pro/

Primary Care Models In Ontario

Primary Care Models In Ontario

1. **Reformed Fee For Service**
   - Family Health Groups (FHG)
   - Comprehensive Care Model

2. **Capitation based**
   - Family Health Organizations (FHO)
   - Family Health Networks (FHN)
   - Family Health Teams (FHT) * Inter-professional

3. **Salaried**
   - Community Health Centres (CHC)

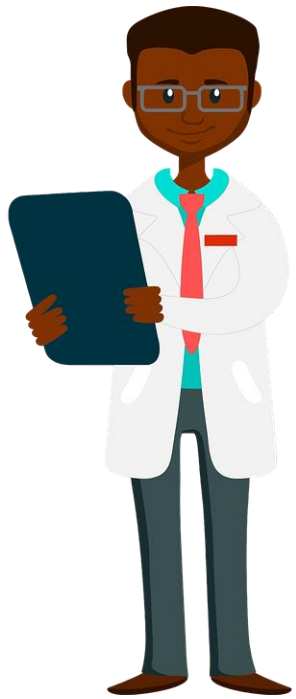
Health Force Ontario (2017).

Remuneration	Family Practice Model	Characteristics
Fee-for-service	• Family Health Groups (FHG)-min. 3 physicians • Comprehensive Care Models-solo physician	Traditional team composition: • Family physician • Nurse • Front staff
Salaried	• Community Health Centre (CHC)	Interdisciplinary team in primary health care, health promotion, community development • Family physicians • Nurses • Social workers • Dietitians • Counsellors • Early childhood educators and others….
Primarily Capitation	• Family Health Networks (FHN)-min. 3 physicians • Family Health Organizations (FHO)-min. 3 physicians	Traditional team composition: • Family physicians • Nurses • Front staff
	• Family Health Team (FHT)	Interdisciplinary team, also including ministry-funded allied health professionals such as: • Nurse practitioners • Pharmacists • Social workers

Why is this important for the Access to Resources in the Community (ARC) study?

In the Randomized Controlled Trial, primary care practices that meet the following criteria are eligible to participate in ARC:

* All primary care practices, *other than CHCs*
  * Solo or group-based: FHG, FHN, FHO
  * Inter-professional team-based: FHT

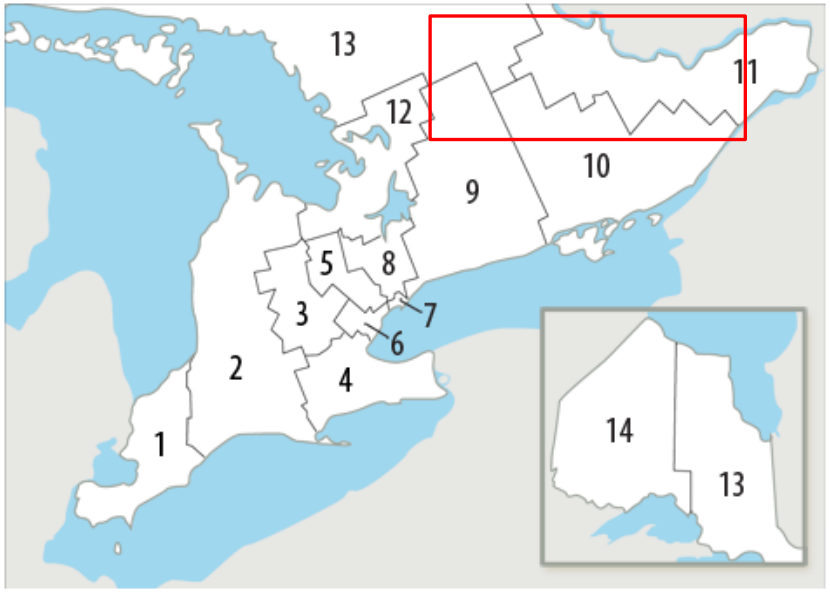


* Primary Care Practices that are not eligible to participate:
  * A CHC or clinic providing walk-in services only
  * Practices that are under the traditional fee for service remuneration

Local Health Integration Network (LHIN)

Local Health Integration Network (LHIN)

* There are 14 LHINs in Ontario
* Champlain LHIN includes Western Champlain, Western Ottawa, Central Ottawa, Eastern Ottawa, Eastern Champlain.
* Each of these sub-regions: different population profiles and health needs e.g. Eastern Champlain includes Akwesasne First Nation community, Alexandria, Rockland, Cornwall where French is the mother tongue for > 40% of residents.



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Champlain LHIN. (2014a)

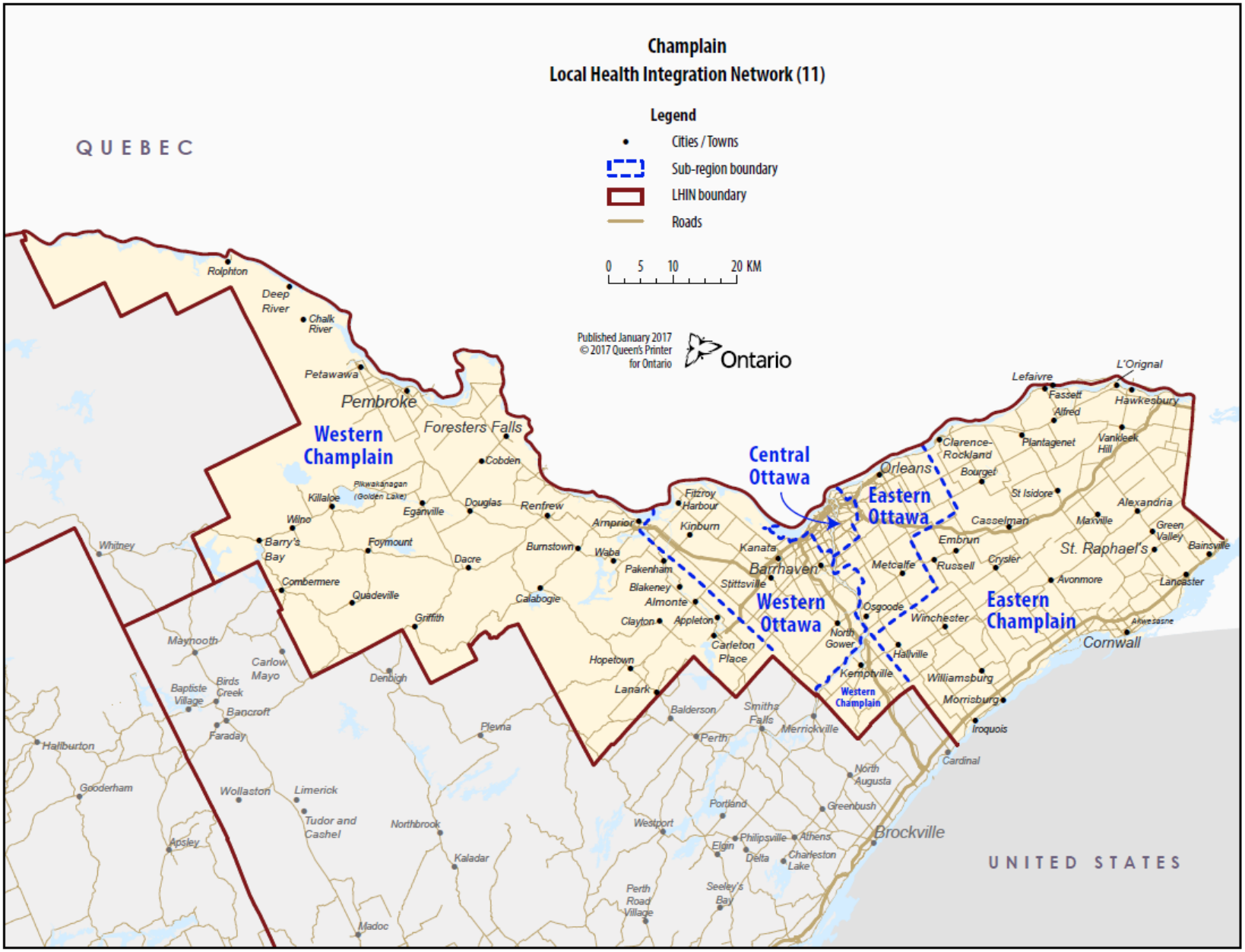


Image retrieved from: http://www.champlainlhin.on.ca/AboutUs/GeoPopHlthData/Geography.aspx

Champlain LHIN

Mission: "Building a coordinated, integrated and accountable health system for people where and when they need it."

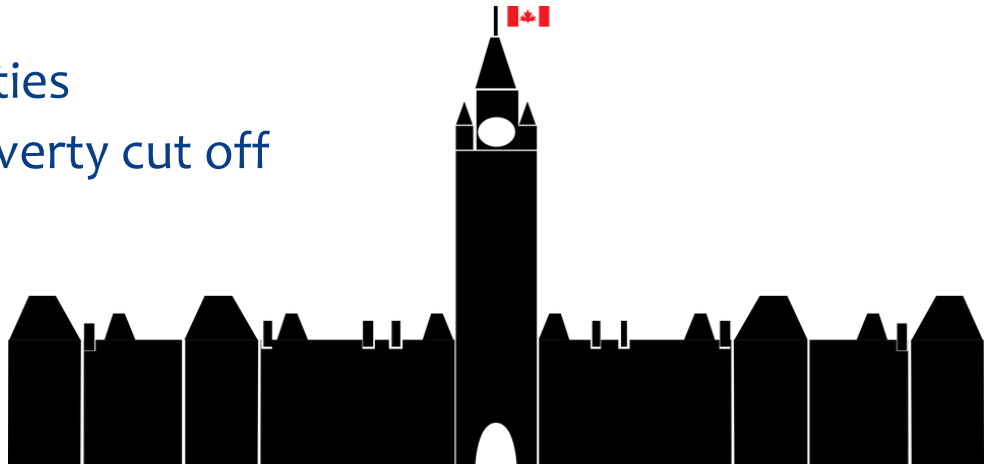
Vision: "Healthy people and healthy communities supported by a quality, accessible health system."

Values: "Respect, trust, openness, integrity, accountability"

LHIN responsibilities: Planning, integrating and funding local health care. Improving access to care and patient experience with access to community services (Champlain LHIN, 2014b).

Champlain LHIN

- Funds approximately 120 health service providers
- Serves 1.3 million residents
  - 20% → Francophone
  - 18% → Immigrants
  - 15% → Visible minorities
  - 11% → Below the poverty cut off
  - 3% → Aboriginal



Champlain LHIN. (2014c)

Champlain **LHIN** | **RLISS** de Champlain

Integrated Health Service Plan 2016-19: Strategic Framework

Mission: Building a coordinated, integrated and accountable health system for people where and when they need it

Vision: Healthy people and healthy communities supported by a quality, accessible health system

Values: Respect, Trust, Openness, Integrity, Accountability

Strategic Directions	Integration	Access	Sustainability
	Improve the patient and family experience across the continuum of care	*Ensure health services are timely and equitable*	*Increase the value of our health system for the people it serves*
Person-Centred Goals	• *People who need multiple services receive more coordinated home, community and primary care* • *People experience a smooth transition from hospital to home*	• *People can access quality care no matter who they are or where they live* • *People are able to access priority health services when they need them*	• *People can get service in the most appropriate setting* • *People receive efficient and effective care*
Strategic Priorities	⇨ *Integrate community and home care services* ⇨ *Evolve primary care networks* ⇨ *Integrate mental health and addiction services*	⇨ *Provide for culturally and linguistically appropriate care* ⇨ *Implement strategies to achieve performance targets* ⇨ *Expand use of enabling technologies to bring care closer to home*	⇨ *Continue implementing funding reform and innovative models of care* ⇨ *Enhance palliative care in settings of choice* ⇨ *Fast-track implementation of Health Links*

Outcomes: Being Healthy ⇨ Getting Better ⇨ Living with Illness / Disability ⇨ Having Choices at End-of-Life

Integrated Health Service Plan 2016-19: Strategic Framework. Retrieved from http://www.champlainlhin.on.ca/AboutUs.aspx

Health Care Funding

Health Care Funding

Public vs. Private Health Care Spending

* Health care spending in Ontario consists of public and private funding; **public spending (68%)** comes primarily from tax revenues, while **private spending (32%)** comes from out-of-pocket expenditures and private insurance plans
* 80% of public health spending comes from **Ontario tax revenues**, while the other 20% is provided through transfers from the federal government

Moat, Mattison, & Lavis (2016).

Health Care Funding

* 51% of all spending by the Ministry of Health and Long-Term Care is allocated to the LHINs
* The funding allocated to hospitals, community health centres, home and community care programs by the LHIN is established through formal accountability agreements

e.g. Mental health services may be funded at a community health centre for newcomers

Health Care Funding

Distribution of Funding

* The Ontario MHLTC transfers funds to the Local Health Integration Networks (LHINs)
* The LHIN distributes funds to hospitals, home and community care organizations, and long term care homes within their catchment areas

Moat, Mattison, & Lavis (2016).

Health Care Funding

* Hospitals are primarily privately owned, not-for-profit institutions
* Physicians are predominantly self-employed (private business)
* Depending on the province, may have restrictions or disincentives from practicing outside of the public system

Funding: Mix of Public and Private Insurance Coverage

* Outpatient prescription drugs
* Home care
* Long-term care
* Mental health care
* Rehabilitation

Funding: Private Insurance Coverage

The following services are primarily privately funded:

* Dental care
* Vision care (provided by non-physicians)
* Complementary and alternative medicine (e.g. reflexology, tai chi, massage therapy)
* Counselling (provided by non-physicians)

Ontario Health Insurance Plan (OHIP)

Who and What is Covered?

* All medically necessary hospital and physician based services are free to Ontario residents with a valid OHIP card.

OHIP

Prescription drugs

* Prescription drugs are not covered by OHIP for the majority of Ontario residents outside of a hospital setting. These are paid for privately (out of pocket or private insurance programs e.g. employment premiums)
* **Ontario Drug Benefit (ODB)** provides some assistance for seniors when the prescription drugs are medically necessary. ODB does not cover the full cost of prescription medications. The patient has to pay an annual deductible and a co-payment per prescription.
* **Trillium Drug Benefit** is for low income households where prescription drug costs are relatively high compared to household income.

Moat, Mattison, & Lavis (2016).

OHIP

The following specialty care services are covered by OHIP:

Emergency care services

- Although there may be a fee for ambulance use

Health services provided by urgent care centers

- Not life threatening, but requiring immediate attention

Medically necessary hospital services

- E.g. Addictions and mental health services administered in hospital settings

Specialty programs

- E.g. psychiatry, radiology, surgery, obstetrics and gynecology

Continuing care

Lavis & Hammill (2016)

Home and Community Care

- Home and Community Care (HCC) receives funds from the Government of Ontario (through the LHIN) to pay their own staff and the many for-profit, not-for-profit and public organizations that provide home and community care.

- Community mental health and addiction organizations also receive some funding from the LHIN.

Rehabilitation

Rehabilitation Care

- Coverage is less extensive than other health care sectors in Ontario
- Private payment is most common
- Rehabilitation services may be covered in the patient's home if they are eligible for Home and Community Care through the LHIN
- Services may also be covered in a community setting, hospital or long-term care setting

Lavis & Hammill (2016)

Rehabilitation

* Ontario MHLTC funds assistive devices for individuals with physical disabilities, including wheelchairs and other mobility aids, hearing aids, diabetes supplies, orthotics, respiratory equipment
* Assistive Device Program (ADP) covers 75% of the cost of these devices if they are deemed medically necessary. For those unable to pay the remaining 25% on their own (whether through private insurance or out of pocket) the Ontario Disability Support Program (ODSP) may be able to cover the costs.

Health Disparities

* Approximately 25-33% of Canadians do not have private supplemental insurance →inequitable access to care

e.g. they need to pay themselves for medication, counselling, physiotherapy etc.

Health Care Delivery

Health Care Delivery

Health care is delivered through the following organizations:

* **For-Profit organizations**
  * includes independent health services, chain-owned pharmacies, and private hospitals;
* **Non-profit organizations**
  * includes community health centres, most mental health counselling and addictions clinics, hospitals, and rehabilitation clinics;
* **Public organizations**
  * such as local public health agencies and some municipal long-term care homes.

Wilson, Mattison, & Lavis (2016)

Health Care Delivery

Excluding a patient's home, most health professionals work in:

1) offices, clinics, pharmacies and laboratories in the community

2) hospitals

3) long-term care homes

Health Care Delivery

We will briefly introduce 4 settings of health care delivery:

1. Long-term care
2. Rehabilitation care
3. Home and Community care
4. Public Health

Long-term care

* Provides individuals with accommodation and 24/7 access to nursing and personal care (more than retirement home, less than hospital care)
* Individuals 18 years of age and older
* In Ontario, there are 633 LTC homes with 78,614 licensed/approved beds (data: January 2015).

Ontario Ministry of Health and Long-Term Care. (2015).

Long-term care

- Nursing
- Personal support services
- Rehabilitation (e.g. occupational therapy, physiotherapy, speech-language therapy, recreation)
- Social Work
- Pharmacy
- Dietitian

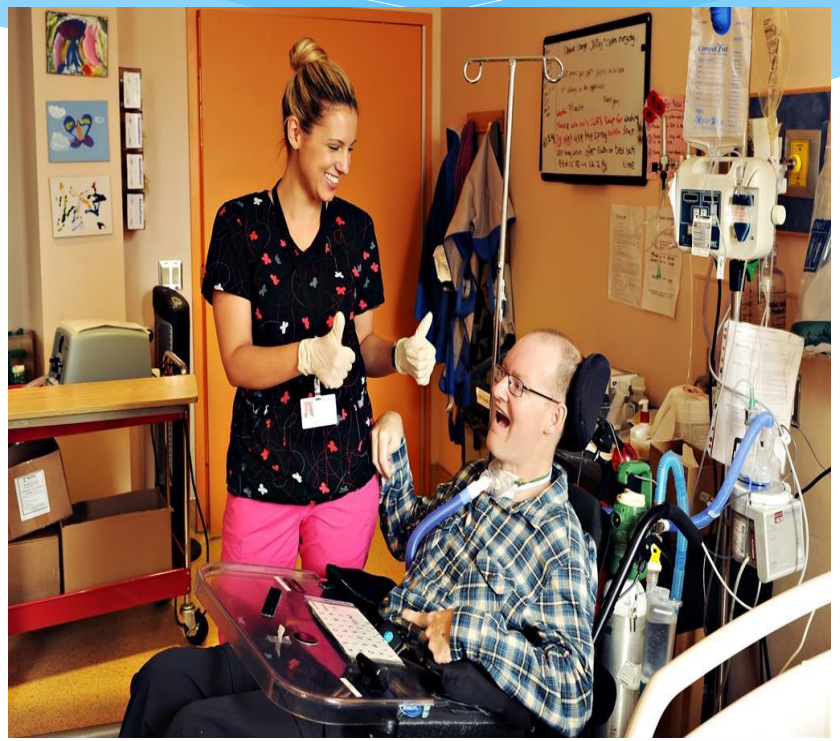
Long-term Care

* The majority of workers in LTC are Personal Support Workers (73% of staff), under direction of registered nurses (9% of staff).
* Registered practical nurses account for 18% of staff

Ontario Ministry of Health and Long-Term Care. (2015).

Complex continuing care

* Another type of long-term care
* Provided in continuing care facilities, or hospital units e.g. Bruyère, St. Vincent Hospital
* Medically complex patients, individuals with multiple chronic diseases, on dialysis, ventilator-dependent
* Patients may be dependent for activities of daily living (self-care), mobility (bed, transfers, ambulation), feeding



Rehabilitation Care

Health-related rehabilitation includes: "appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life" (World Health Organization, 2011)

Rehabilitation Care

* Not a unique sector but an element of other sectors e.g. primary care, home and community care, specialty care, public health, long-term care
* Team approach to care involving various health professionals, home and community supports

Home and Community Care

Care Coordinators assist individuals in determining the appropriate health professional, support and community services to meet their needs:

1. **Care at home:** This includes health care and personal support in the home (e.g. nursing, occupational therapy, social work, and physiotherapy) for children, adults, and seniors, and for individuals following discharge from hospital (16).

2. **In-school health:** Services for children and youth with special needs e.g. medical, physical and/or mental health support.

http://healthcareathome.ca/champlain/en/Getting-Care

Home and Community Care Services

3. **Care in the community:** Support for patients and caregivers e.g. transportation, home-making and meal delivery. There may be a fee for some services; others are at no cost.
4. **Supported living:** Programs and settings to support individuals' independence e.g. retirement homes, adult day programs, long-term care homes, and respite care. Care Coordinators help determine individual's eligibility for alternate living arrangements, admission process, and wait lists.

Public Health

* Local public health agencies, 36 in Ontario
* Jointly funded by the MHLTC and municipal corporations
* Aim: linkages among public health, primary care, primary health care and community care

Public Health Services include:

* Health promotion, infection disease prevention, chronic disease and injury prevention, maternal health, child health, emergency preparedness
* For information about programs and services, please visit:

Ottawa Public Health:
http://www.ottawapublichealth.ca/en/index.aspx

Public Health **Sudbury** and Districts:

https://www.phsd.ca/

* *Where does patient navigation fit in the health care system?*

Navigation in the Health Care System

- Navigation has the potential to increase patient access to care, improve patient health, improve patient and provider experiences with care delivery, and reduce cost of hospital services (Valaitis et al., 2017).
- Navigation attempts to reduce barriers for patients accessing care with a focus on patient populations with complex health and social needs (Carter et al., 2018).
- Navigation services may improve the continuity of care across primary care and community services

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