



NSG2113: Lecture 3

Health Care in Ontario




Outline

1. Governance of health care in Ontario
2. Types of health service delivery
 - Abstract definitions and principles
3. Methods of health service delivery
 - Tangible execution of foregoing abstract definitions and principles
4. Need and demand

Governance of Health Care

Review: Health Care Organization

Constitution Act, S.92

- Provinces implement health care 
 - Decide on how services are made available
 - Decide on where services will be made available

- Federal government provides money to provinces
 - Provided that they fulfill their obligations to provide care

Administration of Care (Health Insurance Act, 1990)


S.2:

1. “The Minister is responsible for the administration and operation of the Plan* and is the public authority for Ontario for the purposes of the *Canada Health Act*.”
2. “The Minister may,
 - a. Enter into arrangements for the payment of remuneration to physicians and practitioners rendering insured services to insured persons on a basis other than fee for service;
 - b. Enter into agreements with persons, organizations, and government agencies outside Ontario for the provision of insured services to insured persons.”



* “Plan” means the Ontario Health Insurance Plan (OHIP)

Ontario Health Insurance Plan *(Health Insurance Act, 1990)*


- S.10 
- “OHIP is continued for the purpose of providing for insurance against the costs of insured services on a non-profit basis on uniform terms and conditions available to all residents of Ontario, in accordance with this Act, and providing other health benefits related thereto.”

S.11(1)

- “Every person who is a resident of Ontario is entitled to become an insured person upon application therefor to the General Manager [of OHIP] in accordance with this Act and the regulations.”

Insured Services (Health Insurance Act, 1990)

S. 11.2(1):

- “The following services are insured services for the purposes of the Act:”
 1. “Prescribed services of **hospitals and health facilities** rendered under such conditions and limitations as may be prescribed.”
 2. “**Prescribed** medically necessary services rendered by physicians under such conditions and limitations as may be prescribed.”
 3. “**Prescribed** health care services rendered by prescribed practitioners under such conditions and limitations as may be prescribed.” 

S. 11.2(2): Exceptions: services covered **under WSIB**

S. 11.2(3): Restrictions:

- “Such services as may be prescribed are insured services only if they are provided in or by designated hospitals or health facilities.”

Admission to Hospital (Public Hospitals Act, 1990, Reg.965)

S. 11

1. No person shall be admitted to a hospital as a patient except,
 - a. On the order or under authority of an MD who is a member of the medical staff;
 1. On the order or under authority of a RN(EC) who is a member of the extend class nursing staff;
 - b. On the order or under authority of an oral and maxillofacial surgeon who is a member of the dental staff;
 1. If the person is being admitted for treatment by a dentist who is a member of the dental staff other than an oral and maxillofacial surgeon, on the joint order of the dentist and a physician who is a member of the medical staff; or
 - c. On the order or under authority of a midwife who is a member of midwifery staff.
2. No MD, RN(EC), dentist or midwife shall order the admission of a person to a hospital unless, in the opinion of the physician, registered nurse in the extended class, dentist or midwife, it is clinically necessary that the person be admitted.





Types of Health Service Delivery

Types of Health Care Services

1. Health Promotion
2. Disease and Injury Prevention
3. Diagnosis and Treatment of Existing Health Problems
4. Rehabilitation

1. Health Promotion

- General health promotion/protection



- Against specific illnesses / disabilities

- Goal:

- To improve/maintain health

- Examples:





- Safe environments
- Lifestyle modification

2. Disease & Injury Prevention

- **Early** detection and intervention 



- Goals:

- To protect from the spread of disease 
- To alleviate disease 
- To prevent further disability through early intervention

- Examples:

- Screening 

- Immunization 



3. Dx/Tx of Existing Health Problems

- Primary, secondary, tertiary care

1° = first contact (e.g., NP, RN, MD) 

2° = specialized care (referral from 1°)

3° = specialized / highly technical care (hospital) 

- Goal:



- To maintain / improve a specific individual's level of health functioning



4. Rehabilitation

- Restorative/rehabilitative activities to obtain an optimal level of functioning
- Goal:
 - r/t chronic or irreversible condition:
 - To minimize effects
 - To prevent permanent disability





Methods of Health Service Delivery

Approaches to Health Care

1. Population health

2. Public health



3. Primary care

4. Integrated health care delivery

5. Disease management




The *CHA*, 1984 and Health Care

Which are addressed under the *CHA*, 1984?

1. Population health
2. Public health
3. Primary care
4. Integrated health care delivery
5. Disease management

1. Population Health

- Focus on determinants of health
 - To improve health 
 - To reduce inequities among different groups

- Pop'ns become healthier with prevention

- Inequities

VS


- Inequalities




1. Population Health

Determinants of health:



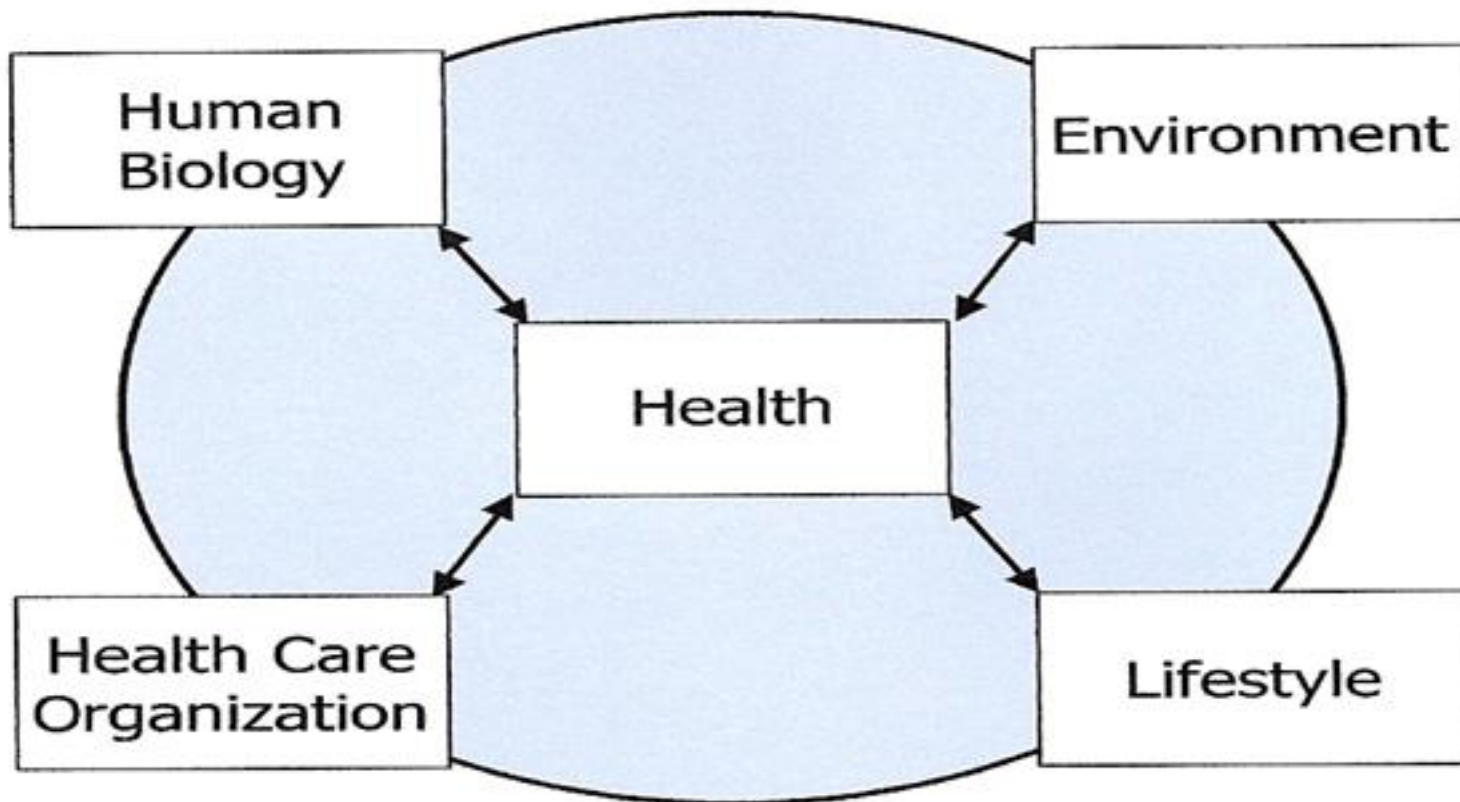
- Income and social status
- Employment
- Education
- Social environments
- Physical environments
- Healthy child development
- Personal health practices and coping skills 
- Health services
- Social support networks
- Biology and genetic endowment
- Gender
- Culture

1. Population Health


- Started with the Lalonde Report in 1974 
 - Focus on
 - Human biology
 - Environment
 - Health care organization
- PLUS
- Lifestyle

1. Population Health

Lalonde Framework



2. Public Health

- Goal: 
 - Help prevent injury and disease by maintaining health


- Six main areas:
 - Population health assessment
 - Health surveillance
 - Health protection
 - Chronic disease and injury prevention
 - Health promotion
 - Emergency response and preparedness



3. Primary Care

- First access point
- Five principles:
 - Equitable access
 - Public participation
 - Appropriate technology
 - Intersectoral collaboration
 - Health promotion, disease/injury prevention
- Why focus on primary care?

4. Integrated Health Care Delivery

- The combination of services into a unified whole 
- This contrasts with 'silo' health care service delivery
 - E.g., a hospital that is funded / run independently from
 - CCAC
 - Home care
 - Primary care clinics
 - *Et cetera*



4. Types of integration

- Horizontal
 - Same services, different agency



- Vertical
 - Same agency, different services

5. Disease Management

- Services designed to address specific afflictions
- E.g., stroke management



Specific Methods of health service delivery

Common Methods

1. Primary care
2. Ontario Public Drug Program
3. Local Health Integrated Networks
4. Public Health

1. Primary Care

As above:

- First line of health care service delivery
- Model recommended by WHO
- How is it delivered in Ontario?

1. Primary Care – Delivery Methods

Office practice (accounts for most physicians)

- Solo (24%)
- Shared and group (62%)
 - Shared = more than one practitioner operating private practice in same space
 - Group = more than one practitioner in same space with income distribution, patient sharing, etc.
- Can be generalists or specialists

Walk-in clinics

- Began in 1984
- Offers extended hours
- Does not require appointments
- While more convenient, may provide less continuity of care
 - ? Impact on patient care

1. Primary Care – Delivery Methods

Community Health Centres (n ~ 60)

- Called Centres Locaux des Services Communautaires (CLSC) in Quebec
- Receives annual operating budget from province (i.e., global budget)
- Provides a range of services all covered
 - Medicine
 - Dentistry
 - Social work
 - Nursing
 - Nutrition
- Focus on
 - Illness / injury prevention
 - Health promotion
 - Provision of holistic care

1. Primary Care – Delivery Methods

Family health teams (formerly 'networks')

- Intersectoral team (like CHCs)
- Teams must be approved by MOHLTC
 - Applications must detail FTEs, benefits, etc.
- Non-physicians are paid through:
 - Salary + 20% benefits
 - Sessional (i.e., contract)
- Physician remuneration
 - Blended capitation models
 - Basic payment per patient + premiums and special payments for specific primary care services

<http://www.canlii.org/en/on/laws/regu/o-reg-65-01/latest/o-reg-65-01.htm>

1. Primary Care – Delivery Methods

Interdisciplinary Health Care Provider ^{4,5}	Salary ^{6,7}	
	Minimum	Maximum
Case Worker/Manager	49,546	59,137
Chiropodist/Podiatrist	55,251	66,568
Counsellor	44,516	53,633
Health Educator/Promoter	51,641	62,219
Nurse Practitioner – Primary Health Care ⁸	78,054	89,203
Occupational Therapist	55,251	66,568
Pharmacist	61,685	88,869
Psychologist/Psychological Associate	103,322	135,916
Registered Dietitian	51,641	62,219
Registered Nurse	55,251	66,568
Registered Practical Nurse	39,034	47,117
Social Worker/ Mental Health Worker ⁹	55,251	66,568

1. Primary Care – delivery methods

NP-led clinics



- Started in 2007
 - Announcement of 25 clinics to be operational by 2012
 - Clinic development was awarded based on application during three ‘waves’
- Combination of:
 - NPs (lead)
 - RNs
 - MDs
 - Allied health professionals
- Operate in a similar fashion to CHCs
 - Simply NP led, rather than MD

2. Ontario Public Drug Programs

- Six programs in total
 1. Ontario Drug Benefit Program
 2. Trillium Drug Program
 3. Special Drugs Program
 4. New Drug Funding Program for Cancer Care
 5. Inherited Metabolic Diseases Program
 6. Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program

- Expenditures of \$3.8 billion per annum
 - This dollar figure accounts for 45% of spending on Rx drugs in Ontario
 - Funding from MOHLTC

2.1 Ontario Drug Benefits Program

- One of the largest drug programs in Canada 
- Formulary comprises >3,200 drugs 
 - Unlisted drugs are considered on a case-by-case basis
- Applies to the following groups
 - People >65 years of age
 - People on social assistance
 - People residing in homes for special care and long-term care
 - People receiving professional home care services
 - Registrants in the Trillium Drug Program

2.2 Trillium Drug Program


- Designed for individuals who have high drug-related costs
 - “High” is defined in relation to net household income
- This program requires a co-payment
 - Is calculated as a sliding scale in relation to net household income
- Applies to individuals who
 - Are not already covered under ODB
 - Do not have private insurance (or insurance is inadequate)
 - Are OHIP insured



2.3 Special Drugs Program

- Covers the full cost of certain drugs
 - Only when used to treat specific conditions
- Conditions
 - Cystic fibrosis
 - HIV
 - Renal failure
 - Solid organ or bone marrow transplant
 - Growth failure
 - Schizophrenia
- Applies to
 - OHIP insured people living with one or more of foregoing ailments
 - Is under care by approved physician / care centre

2.4 Drug Funding for Cancer Care

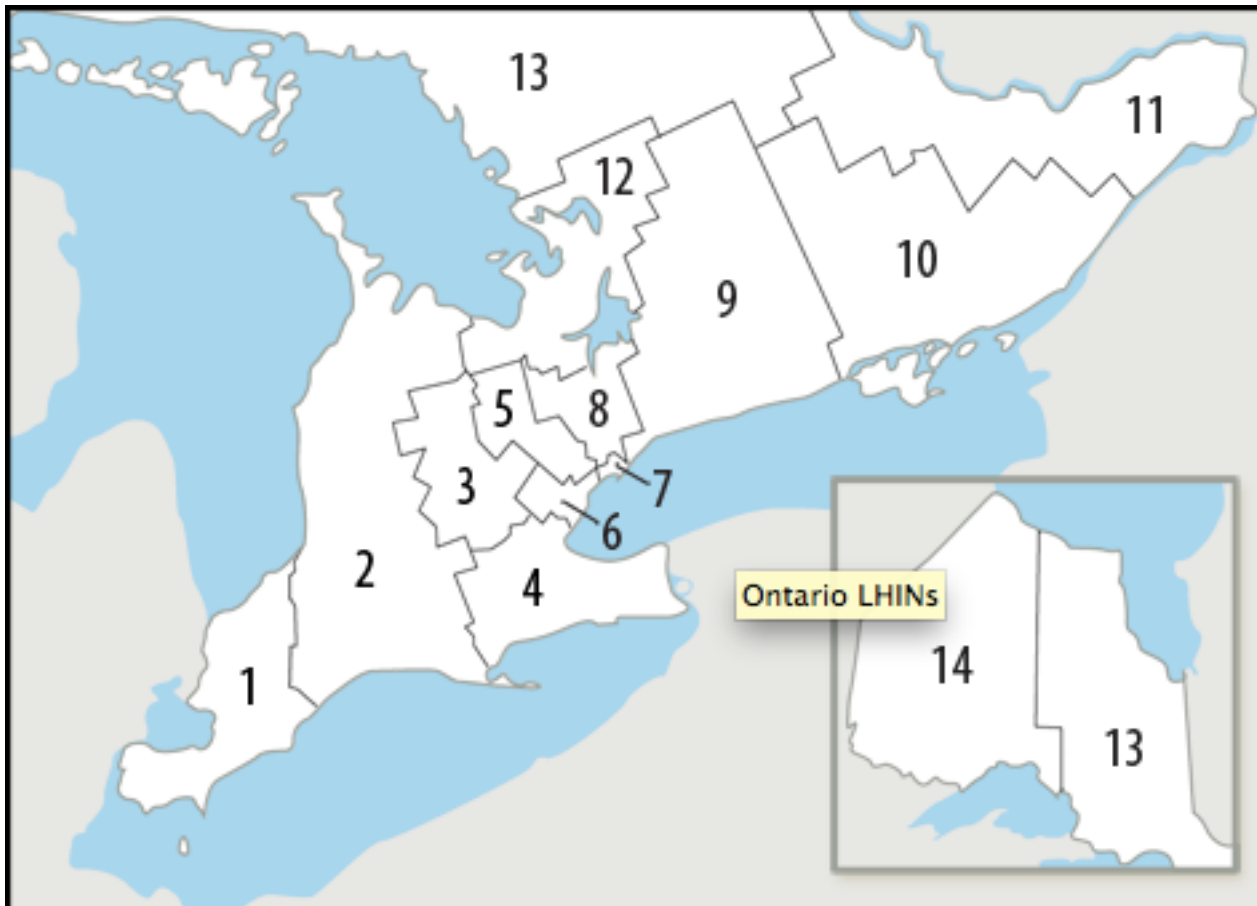
- Administered by Cancer Care Ontario 
 - Covers costs for ~75% of **all IV cancer drugs** in Ontario hospitals
 - Remaining ~25% purchased by hospitals
- This funding strategy enables equal access to drugs across province
 - Previously, hospitals purchased 100% of IV drugs
 - This led to unequal distribution
- Does not apply to individuals, but to institutions

3. Local Health Integrated Networks

- Created in 2006
- 14 across the province
- Annual operating budget = \$20.3 billion in 2009
- LHINs are a method to integrate health care service delivery
 - Rather than services being implemented in isolation, they are coherently executed

http://www.lhins.on.ca/FindYourLHIN.aspx?ekmense1=e2f22c9a_72_254_btnlink

3. LHINs – geography



3. LHINs

Goals:

1. Determine health service priorities within respective regions
2. Coordinate services within
 - Hospitals
 - Long-term care facilities
 - Community care access centres
 - Community support service agencies
 - Mental health and addictions agencies
 - Community health centres



4. Public Health


- Primarily a provincial responsibility
 - Also undertaken by the federal government
- Legislated in Ontario under the *Health Protection and Promotion Act*

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm

- *HPPA* details
 - Mandatory programs
 - Communicable disease control (quarantine, reporting)
 - Community health protection



4. Public Health

- Public health programs are delivered by regional health units
 - Primarily PHNs
 - This organization style has recently been changed
 - The Chief MOH can now order all health units to act under certain circumstances
 - Think of H1N1 vaccination roll-out 
- Funding
 - 25% from municipal taxes
 - 75% from provincial coffers



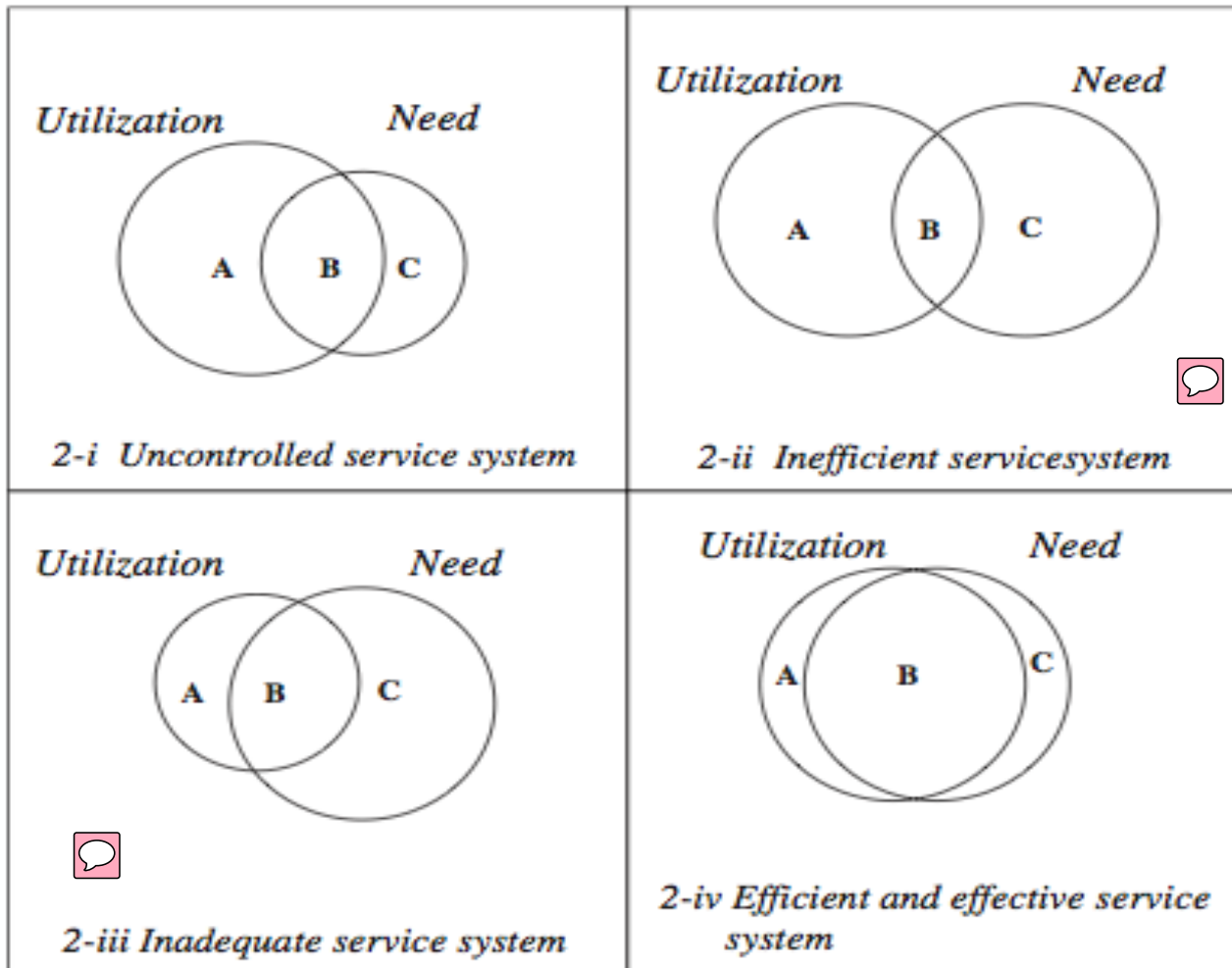
Need & Demand



Need & Demand

- Demand
 - Wanted
 - Subjective
 - Choice regarding use
- Need
 - Moral onus on others to provide
 - Established by experts

Need & Demand



Need, Demand, Utilization

