

Overview

Many Ontario Health Team (OHT) partners may know how 'their' part of Ontario's health system works, but may not know much about other parts of the system.

A [book about Ontario's health system](#) aims to make the health system more understandable to the citizens who pay for it and are served by it, the professionals who work in it (and future professionals who will one day work in it), and the policymakers who govern it. Individual chapters (which, apart from the brief preface and conclusion, can be freely downloaded) or the book as a whole may serve as a useful point of reference for OHT partners seeking to understand parts of Ontario's health system with which they're not familiar.

Ontario's health system and both recent and anticipated changes to it

The book is divided into three major sections:

- 1) the building blocks of the health system, which include its governance, financial and delivery arrangements (with the latter including both infrastructure and the health workforce);
- 2) using the building blocks to provide care, which includes how care is organized:
 - a) by sector (home and community care, primary care, specialty care, rehabilitation care, long-term care, and public health),
 - b) for select categories of conditions (mental health and addictions, work-related injuries and diseases, cancer, and end of life),
 - c) for select categories of treatments (prescription and over-the-counter drugs, complementary and alternative therapies, and dental services), and
 - d) for a select population (Indigenous peoples); and
- 3) change and progress, which includes both reforms to the system and its performance according to the triple aim (which does not include the provider experience that completes the quadruple aim that is the focus of OHTs).

For more detail about each chapter, including alignments to OHT building blocks and a listing of chapter sections, see the first and second columns of Table 1 (below). To access a PDF of a free chapter, click on the hyperlink in the first column.

While the book was published in December 2016 (and will be fully updated for a second edition to be published in 2020), most of the content remains accurate today. For a brief description of the most significant changes that have been made to Ontario's health system since December 2016, see the third column of Table 1.

OHTs themselves will be part of an additional wave of significant changes being made to Ontario's health system now. For a brief description of the changes anticipated with the introduction of OHTs, see the fourth column of Table 1.

Box 1: Coverage of OHT building blocks & relevance to sections in the OHT full application form

This RISE brief relates directly or indirectly to **all eight** building blocks:

- 1) **defined patient population**
- 2) **in-scope services**
- 3) **patient partnership and community engagement**
- 4) **patient care and experience**
- 5) **digital health**
- 6) **leadership, accountability and governance**
- 7) **funding and incentive structure**
- 8) **performance measurement, quality improvement, and continuous learning**

It is relevant as background to **all sections** in the [OHT full application form](#).

McMaster University continues to make individual book chapters (except for the introduction and conclusion) freely available to advance the public interest. However, the University does not give permission for these chapters to be posted on websites other than the website of the McMaster Health Forum, or to be circulated electronically.

Table 1: Chapters and related changes since their publication

Chapters	Chapter sections	Recent changes in the system	Changes anticipated with the introduction of OHTs
Introduction and overview (Chapter 1)	Historical context Geographic and socio-demographic context Political context Economic context Health status of the population Overview of the book	<ul style="list-style-type: none"> Progressive Conservative Party was elected in 2018 after 15 years of Liberal Party governments 	<ul style="list-style-type: none"> OHTs will become accountable for a defined population (and will effectively replace Local Health Integration Networks (LHINs) as the dominant population-focused entities)
Building blocks of the system			
Governance arrangements (Chapter 2) → Aligns to OHT building block #6 (leadership, accountability and governance) and to a lesser extent to OHT building block #3 (patient partnership and community engagement)	Policy authority Organizational authority Commercial authority Professional authority Citizen and stakeholder involvement	<ul style="list-style-type: none"> Ministry of Health and Long-Term Care was split into the Ministry of Health and the Ministry of Long-Term Care Ontario Health will absorb the 14 LHINs and six previously independent agencies (Cancer Care Ontario, eHealth Ontario, Health Quality Ontario, Trillium Gift of Life Network, Health Shared Services Ontario, and HealthForceOntario Marketing and Recruitment Agency) 	<ul style="list-style-type: none"> OHTs will bring together many existing health-service providers who will collectively become accountable for the care experiences and health outcomes, as well as the costs, for a defined population (without any prescribed governance arrangement)
Financial arrangements (Chapter 3) → Aligns to OHT building block #7 (funding and incentive structure)	Financing the system Funding organizations Remunerating providers Purchasing products and services Incentivizing consumers	<ul style="list-style-type: none"> Funding for home and community care now flows through LHINs (rather than Community Care Access Centres, which were absorbed into the LHINs) Ontario government reached an arbitrated agreement with the Ontario Medical Association after many years without an agreement 	<ul style="list-style-type: none"> OHT partners will continue to receive funding as individual entities, but OHTs will eventually receive a single integrated funding budget (calculated using a risk-adjusted capitation model) and become eligible for savings incentives that can be shared among partners
Delivery arrangements 1: Infrastructure (Chapter 4) → Aligns to OHT building block #5 (digital health)	Infrastructure – Places where care is provided Infrastructure – Supports for care Capacity planning Capital spending	<ul style="list-style-type: none"> Ontario government has committed to add 30,000 new long-term care beds by 2030 and to centralize procurement for products and devices Pan-Canadian health organizations, which support some health organizations in Ontario, have entered a prolonged period of uncertainty given the lack of federal government response to a review of these organizations 	<ul style="list-style-type: none"> OHTs will become accountable for digital-health infrastructure (e.g., patient portal) and services (e.g., e-consultations for patients)

<p>Delivery arrangements 2: Workforce (Chapter 5)</p>	<p>Health workforce supply, density and distribution Regulated health professionals Unregulated health workers Planning, education and training, and other policy levers</p>	<ul style="list-style-type: none"> • Scopes of practice have been or will be expanded for select professions (e.g., nurse practitioners and pharmacists) 	<ul style="list-style-type: none"> • OHTs will have the opportunity to find new and better ways to deploy the health workforce serving their population (e.g., by proposing to assume responsibility for home-care coordinators)
<p>Using the building blocks to provide care</p>			
<p>Care by sector (Chapter 6)</p> <p>→ Aligns to OHT building blocks #2 (in-scope services) and #4 (patient care and experience)</p>	<p>Home and community care Primary care Specialty care Rehabilitation care Long-term care Public health</p>	<ul style="list-style-type: none"> • Community Care Access Centres (and their roles with respect to home care and long-term care) were absorbed into the LHINs • Public health agencies will be reduced in number from 35 local agencies to 10 regional entities (all with a common governance model) 	<ul style="list-style-type: none"> • OHTs must deliver services in at least three sectors, with preference given to home and community care, primary care and specialty care
<p>Care for select conditions (Chapter 7)</p> <p>→ Aligns to OHT building blocks #2 (in-scope services) and #4 (patient care and experience)</p>	<p>Mental health and addictions Work-related injuries and diseases Cancer End of life</p>	<ul style="list-style-type: none"> • A lead agency for child and youth mental health services has been designated for 33 service areas across the province • Cancer Care Ontario will be absorbed into Ontario Health 	<ul style="list-style-type: none"> • OHTs may initially focus on priority populations with select conditions (e.g., people with mental health and substance-use problems), but over time they will be accountable for their entire defined population
<p>Care using select treatments (Chapter 8)</p> <p>→ Aligns to OHT building blocks #2 (in-scope services) and #4 (patient care and experience)</p>	<p>Prescription and over-the-counter drugs Complementary and alternative therapies Dental services</p>	<ul style="list-style-type: none"> • A federal advisory council has recommended a national pharmacare program, but whether and how this may affect Ontario will not be resolved for some time • Ontario government has modified OHIP+ to focus on those 24 and younger who are not covered by a private plan, as well as committed to a new dental program for low-income seniors 	<ul style="list-style-type: none"> • OHTs may initially focus on select ‘in-scope’ services, but over time they will be accountable for the full range of services needed by their defined population
<p>Care for Indigenous peoples (Chapter 9)</p> <p>→ Aligns to OHT building block #1 (defined patient population)</p>	<p>Context Governance, financial and delivery arrangements Programs and services Places and people</p>	<ul style="list-style-type: none"> • The federal government has accepted the recommendations of the Truth and Reconciliation Committee and committed to ensure that the laws of Canada are in harmony with the United Nations Declaration on the Rights of Indigenous Peoples 	<ul style="list-style-type: none"> • OHTs are expected to work with Indigenous partners in transforming care for Indigenous peoples
<p>Change and progress</p>			
<p>Reforms (Chapter 10)</p>	<p>Recent reforms Proposed reforms</p>	<ul style="list-style-type: none"> • As noted above, LHINs absorbed Community Care Access Centres and Ontario Health will absorb the 14 LHINs and six previously independent agencies 	<ul style="list-style-type: none"> • OHTs may one day be seen to be as landmark a development in Ontario’s health system as the introduction of universal

			coverage for hospital-based and physician-provided care
<p>Performance (Chapter 11)</p> <p>→ Aligns to OHT building block #8 (performance measurement, quality improvement, and continuous learning)</p>	<p>Stated goals of the health system Improving the patient experience of care Improving population health Keeping per capita costs manageable</p>	<ul style="list-style-type: none"> Health Quality Ontario – the provincial agency responsible for assessing and reporting on health-system performance – will be absorbed into Ontario Health. 	<ul style="list-style-type: none"> OHTs will be assessed in terms of their achievement of the quadruple aim of improving care experiences and health outcomes at manageable per capita costs and with positive provider experiences

Key resources

Government of Ontario. [The patients first act, 2016](#). Toronto, Canada: Government of Ontario; 2016.

Government of Ontario. [The people’s health care act, 2019](#). Toronto, Canada: Government of Ontario; 2019.

Lavis JN (editor). [Ontario’s health system: Key insights for engaged citizens, professionals and policymakers](#). Hamilton, Canada: McMaster Health Forum; 2016.

Moat KA, Lavis JN. RISE brief 10: Ontario’s health system. Hamilton, Canada: McMaster Health Forum; 2019.

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