

Better Care, Close to Home



Presentation to Town of Markham Council

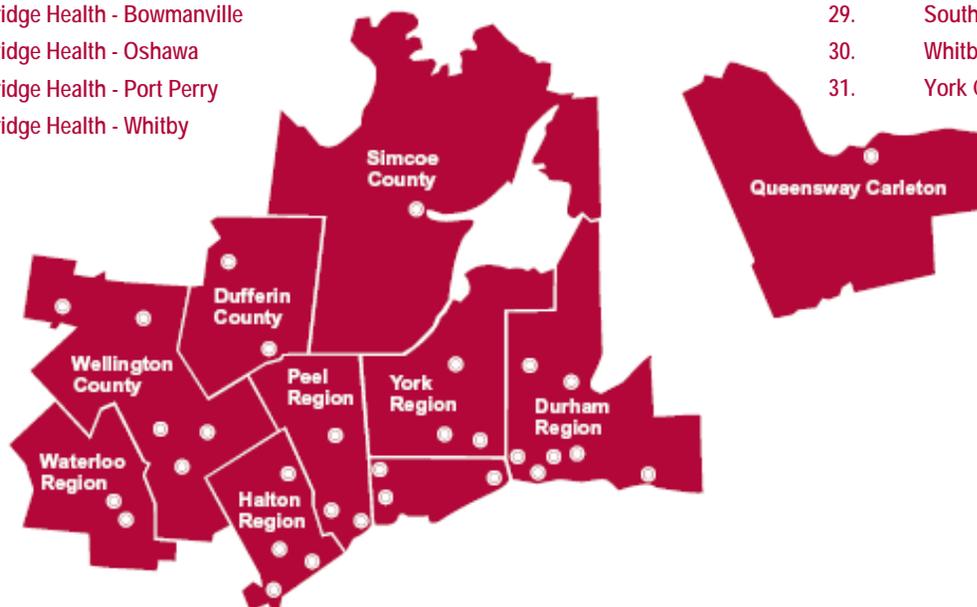


April 6, 2009

4 Million Ontarians

ALLIANCE MEMBERS

1. Cambridge Memorial Hospital - Cambridge
2. Credit Valley Hospital - Mississauga
3. Grand River Hospital K-W Site - Kitchener
4. Grand River Hospital Freeport Site - Kitchener
5. Groves Memorial Community Hospital - Fergus
6. Guelph General Hospital - Guelph
7. Halton Healthcare Services - Georgetown Hospital
8. Halton Healthcare Services - Milton District Hospital
9. Halton Healthcare Services - Oakville-Trafalgar Memorial Hospital
10. Headwaters Health Care Centre - Orangeville
11. Headwaters Health Care Centre - Shelburne
12. Joseph Brant Memorial Hospital - Burlington
13. Lakeridge Health - Bowmanville
14. Lakeridge Health - Oshawa
15. Lakeridge Health - Port Perry
16. Lakeridge Health - Whitby
17. Markham Stouffville Hospital - Markham
18. Markham Stouffville Hospital - Uxbridge
19. North Wellington Health Care - Mount Forest
20. North Wellington Health Care - Palmerston
21. Queensway Carleton Hospital - Ottawa
22. Rouge Valley Ajax and Pickering - Ajax
23. Rouge Valley Centenary - Scarborough
24. Royal Victoria Hospital - Barrie
25. St. Joseph's Health Centre - Guelph
26. St. Mary's General Hospital - Kitchener
27. Trillium Health Centre - Mississauga
28. Trillium Health Centre - West Toronto
29. Southlake Regional Health Centre - Newmarket
30. Whitby Mental Health Centre - Whitby
31. York Central Hospital - Richmond Hill





Better Care, Close to Home

ALLIANCE VISION

Better Care, Close to Home

Equitable access to hospital and health care services across Ontario through *population-needs-based funding*.

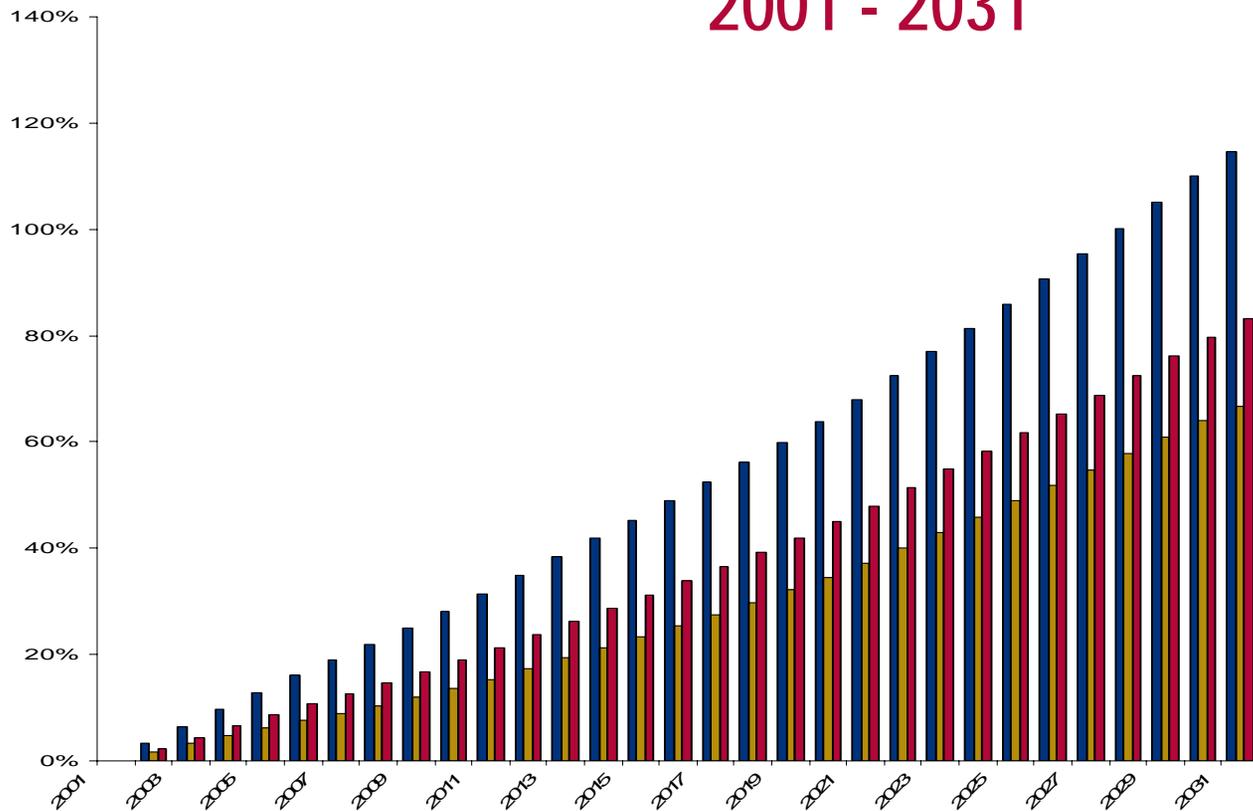
Fairness in
Ontario



Ontario's Fastest Growing Communities

POPULATION GROWTH IN HIGH GROWTH LHINS

2001 - 2031



- Population in Ontario's high growth LHINs will have grown by 115% by 2031
- The rest of Ontario will have grown by 67%

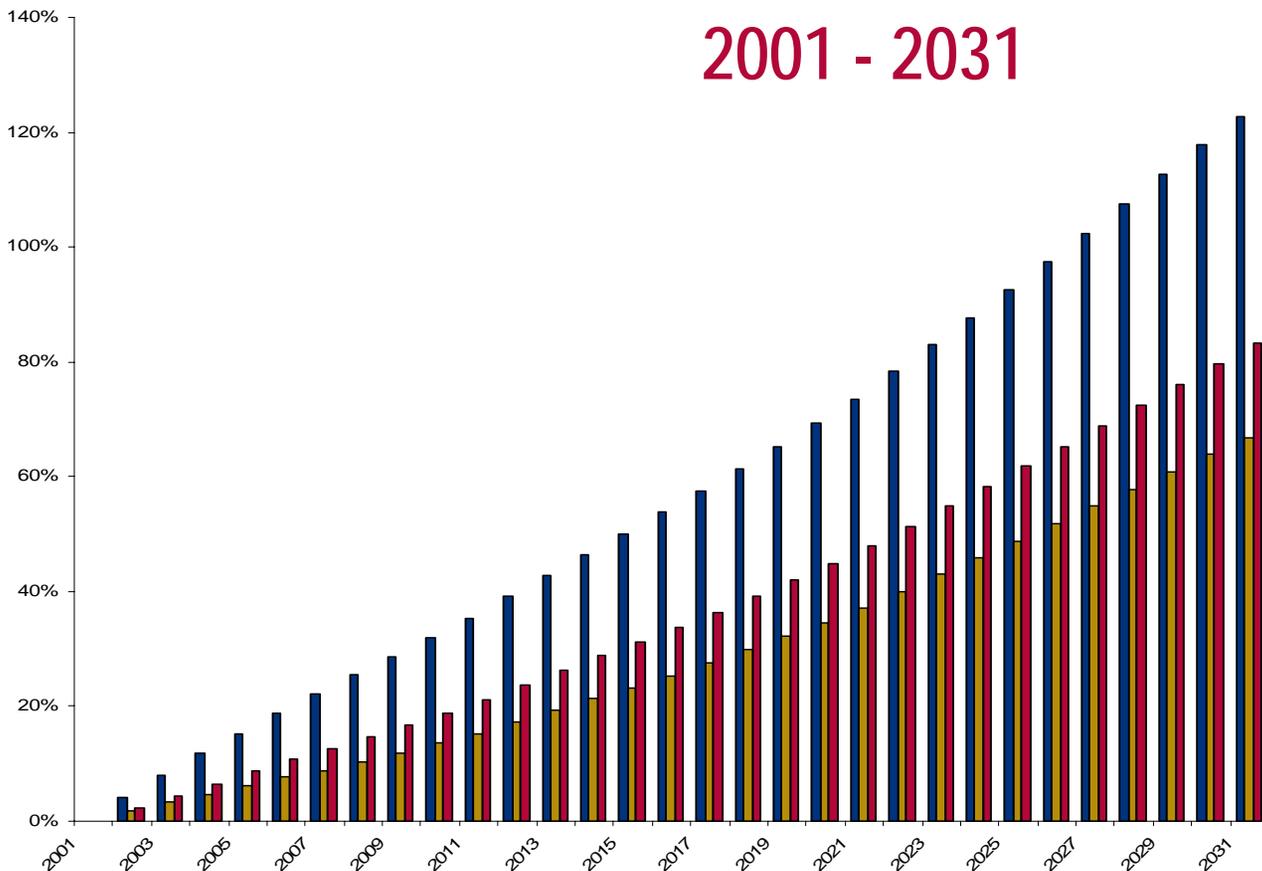
■ High Growth LHINs
■ Ontario (excl. High Growth, Toronto, North)
■ Ontario

4 **Source:** August 2008 MOF population forecasts based on 2001 Census



Ontario's Fastest Growing Communities

POPULATION GROWTH IN CENTRAL LHIN



- The population in the Central LHIN will have grown by **123%** by 2031
- The rest of Ontario will only have grown by **67%**

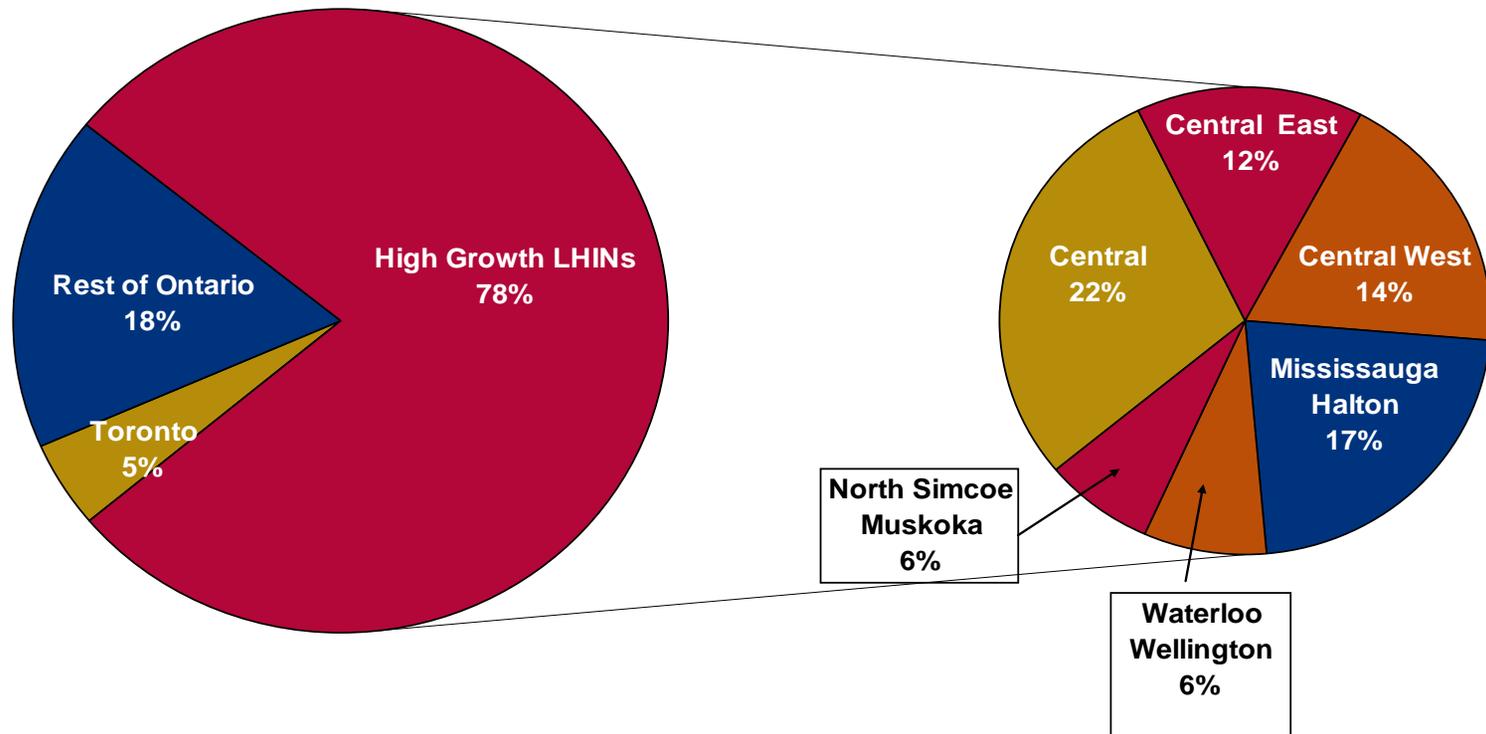
■ Central LHIN
■ Ontario (excl. High Growth, Toronto, North)
■ Ontario

Source: August 2008 MOF population forecasts based on 2001 Census

Ontario's Fastest Growing Communities

HIGH GROWTH LHIN SHARE OF ANNUAL POPULATION GROWTH IN ONTARIO

2004 - 2011

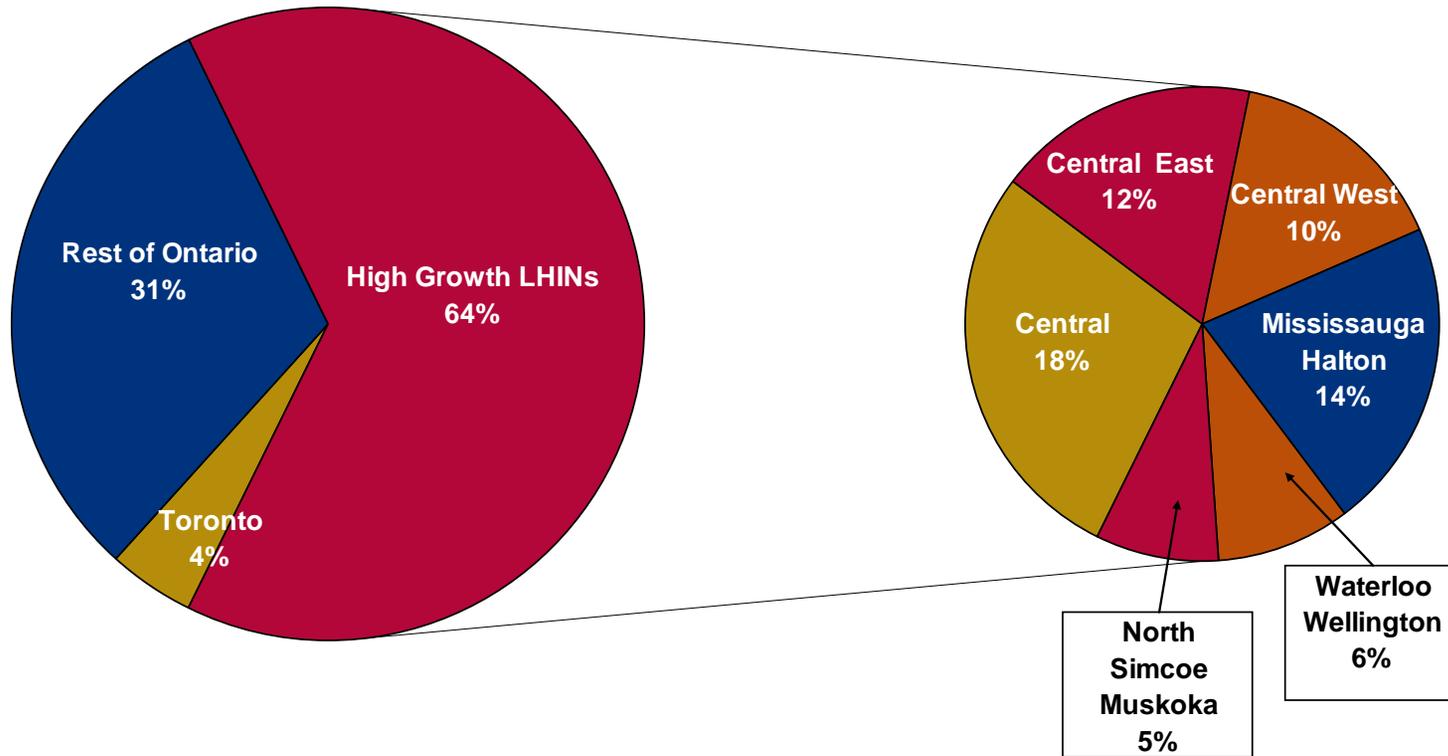


Source: August 2008 MOF population forecasts based on 2001 Census

Ontario's Fastest Growing Communities

64% OF ANNUAL AGE-WEIGHTED POPULATION GROWTH IN ONTARIO

2004 - 2011



Source: August 2008 MOF population forecasts based on 2001 Census



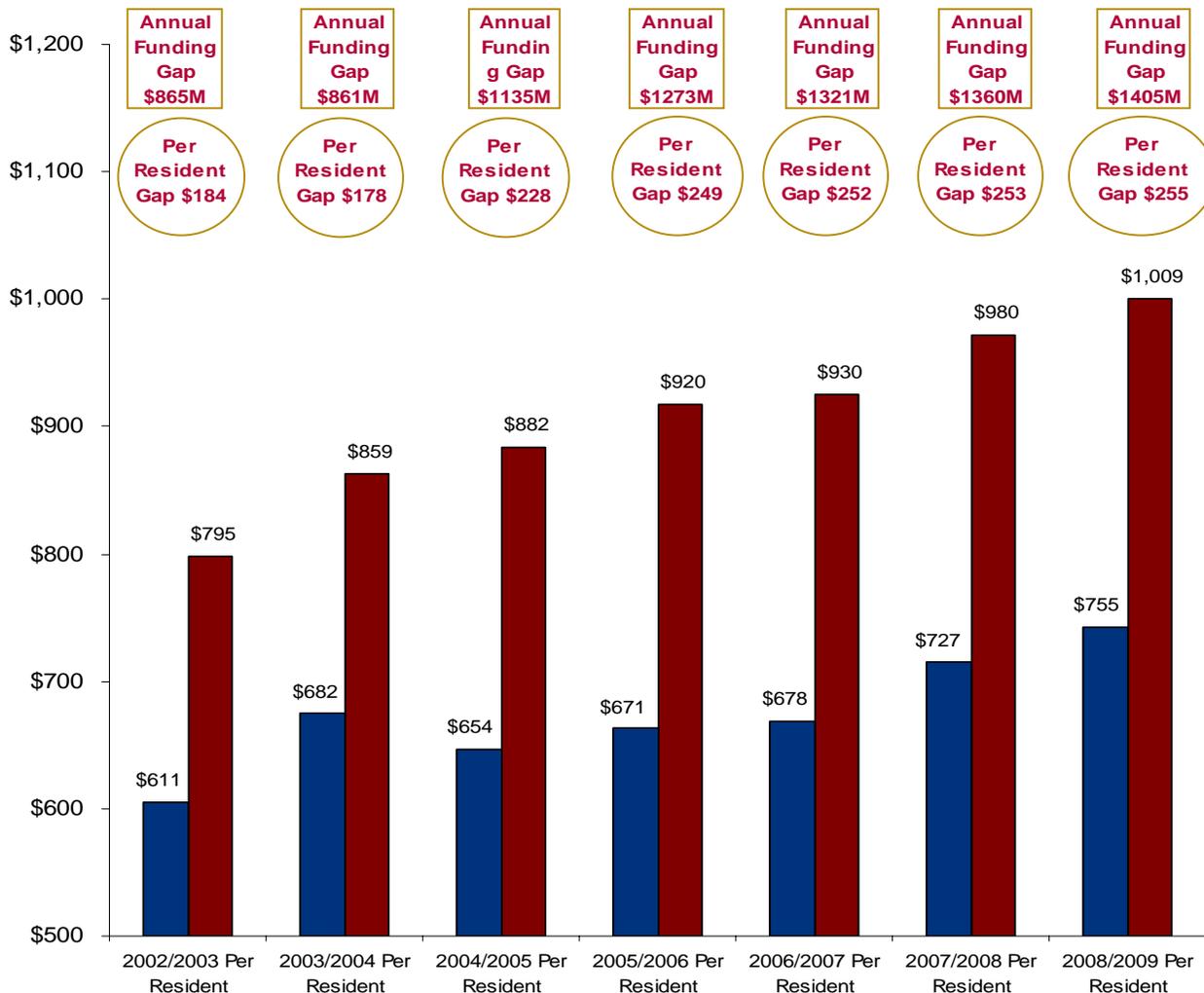
Ontario's Fastest Growing Communities

OHA HIGH GROWTH TASK FORCE REPORT (2006)

- “It is clear that there are no planned and objective criteria for allocating funds to hospitals that take into consideration differences in population growth”;
- “...funding inequities cause variation in the quality and quantity of services hospitals can provide to their regions”;
- ““Across the board” funding methodology has led to chronic under-funding in high growth areas, where hospitals experience significant challenges maintaining service levels within their current budgets”;
- “There are currently no standards in place for service accessibility [in Ontario]. Targets or benchmarks that define the geographic proximity within which patients should be able to access care do not exist in Ontario. In 2004-05, the six LHINs [local health integration networks] with the highest population growth had the greatest number of people traveling outside of their LHIN to get care”.

Funding Under LHINs

HIGH GROWTH LHINs HOSPITAL FUNDING GAP CONTINUES TO WIDEN



Funding includes ALL funding announced to date (including recent 2007/08 wait time funding).

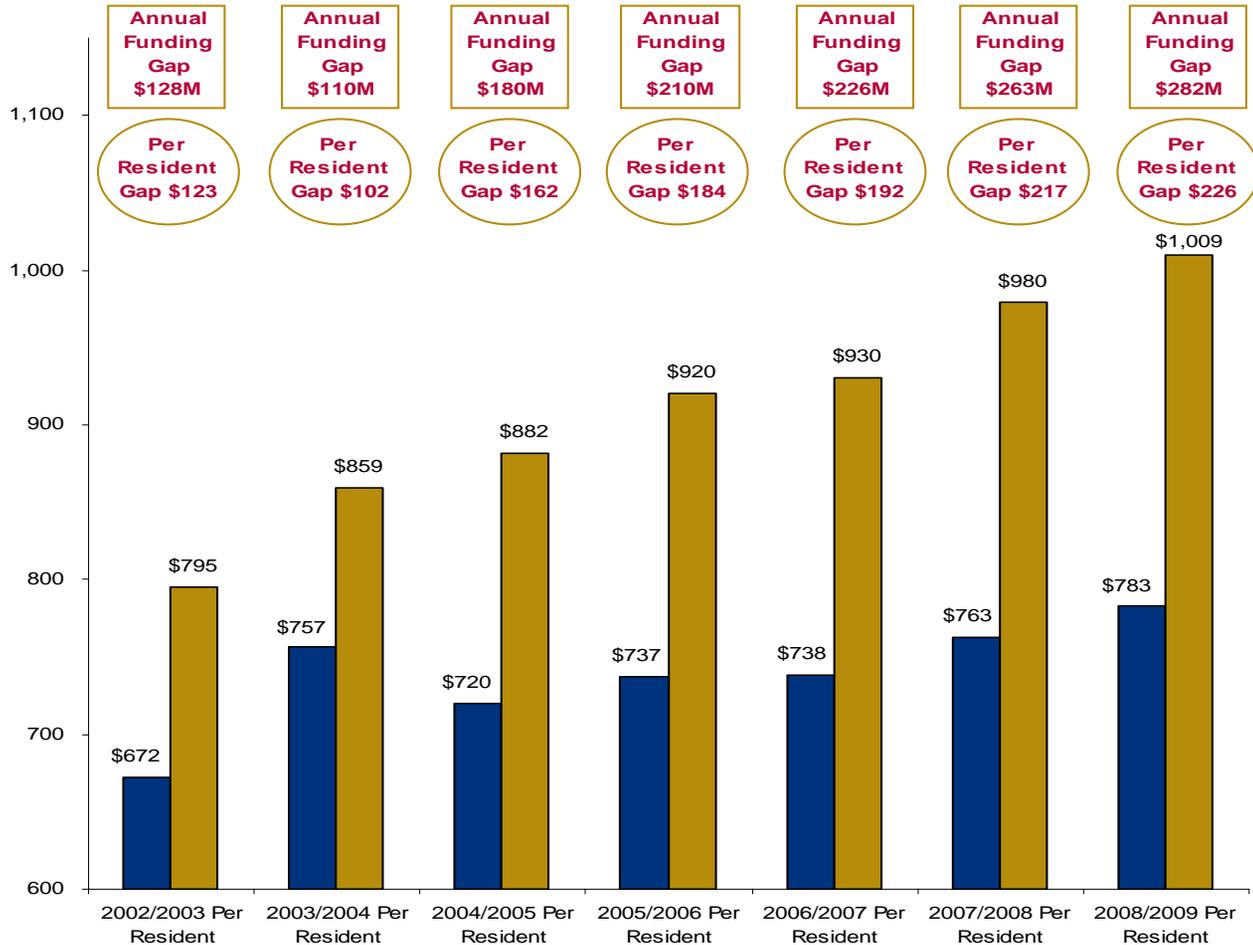
Ontario average per resident excludes Toronto and North (their inclusion increases size of High Growth funding gap) and High Growth LHINs

Population figures used in each LHIN are age-weighted and explicitly take into consideration what % of residents leave their LHIN for care

■ High Growth LHINs Per Resident
 ■ Ontario Per Resident (excl. TO, NO & High Growth)

Funding Under LHINs

CENTRAL LHIN HOSPITAL FUNDING GAP



Funding includes ALL funding announced to date including \$30M growth funding

Ontario average per resident excludes Toronto and North

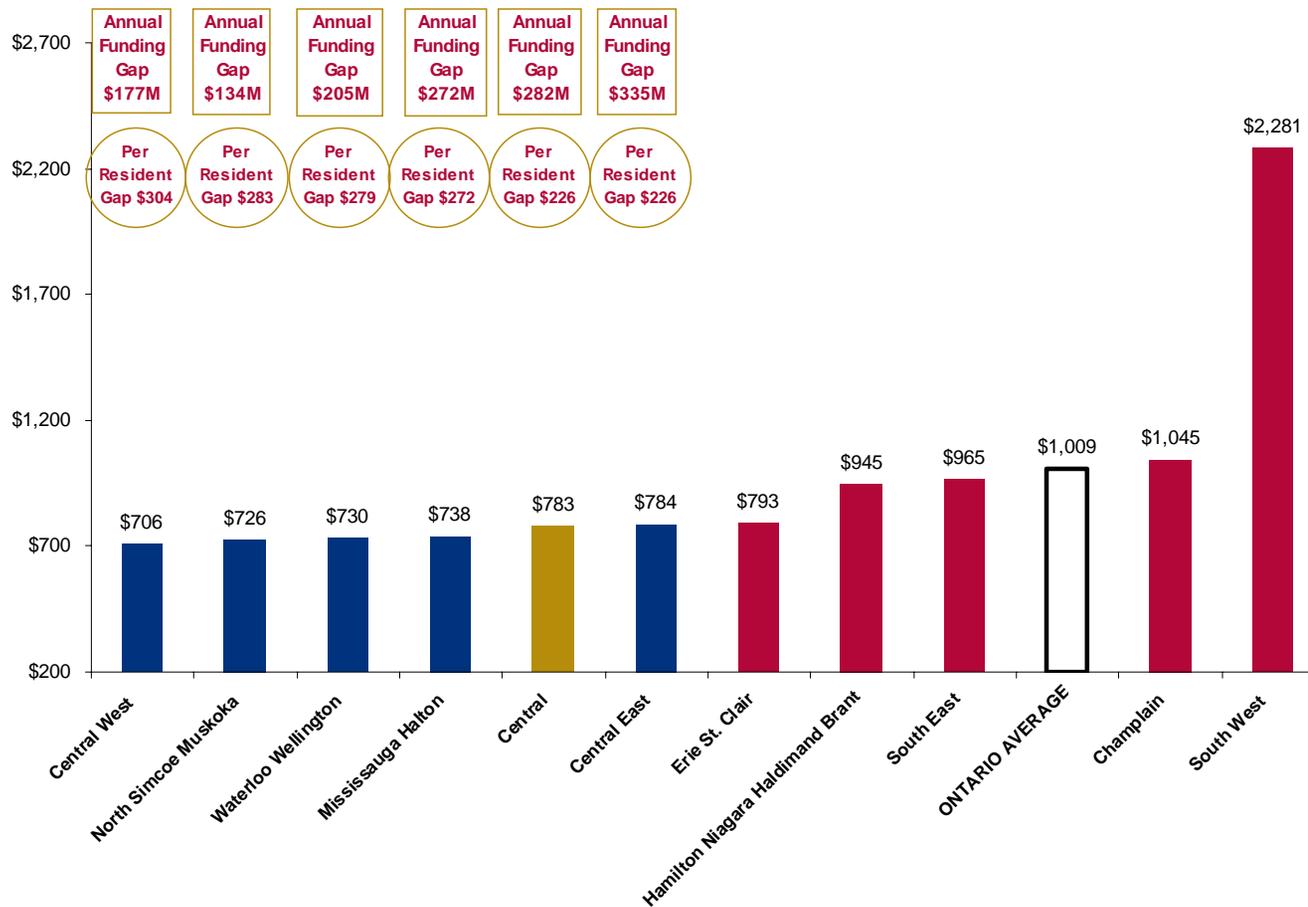
Population in each LHIN is age-weighted and explicitly takes into account what % of residents leave their LHIN for care

Population data from MOF 2008

■ Central Per Resident
■ Ontario Per Resident (excl. TO, NO & High Growth)

Funding Under LHINs

HOSPITAL FUNDING PER RESIDENT BY LHIN (2008/09)



Funding includes ALL funding announced to date including \$30M growth funding

Ontario average per resident excludes Toronto and North

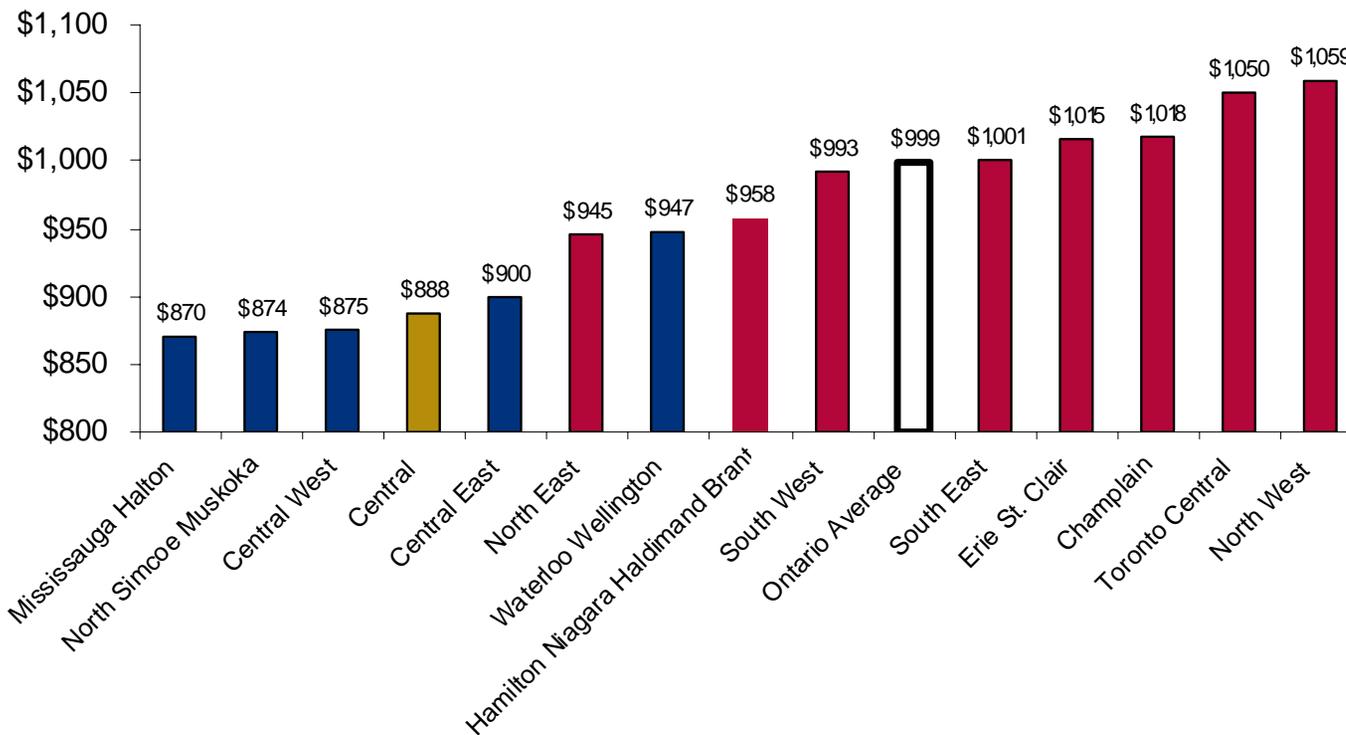
Population in each LHIN is age-weighted and explicitly takes into account what % of residents leave their LHIN for care

Population data from MOF 2008

- Central LHIN
- High Growth LHINs
- Other LHINs

Funding Under LHINs

CCAC FUNDING PER RESIDENT 65+ BY LHIN (2008/09)



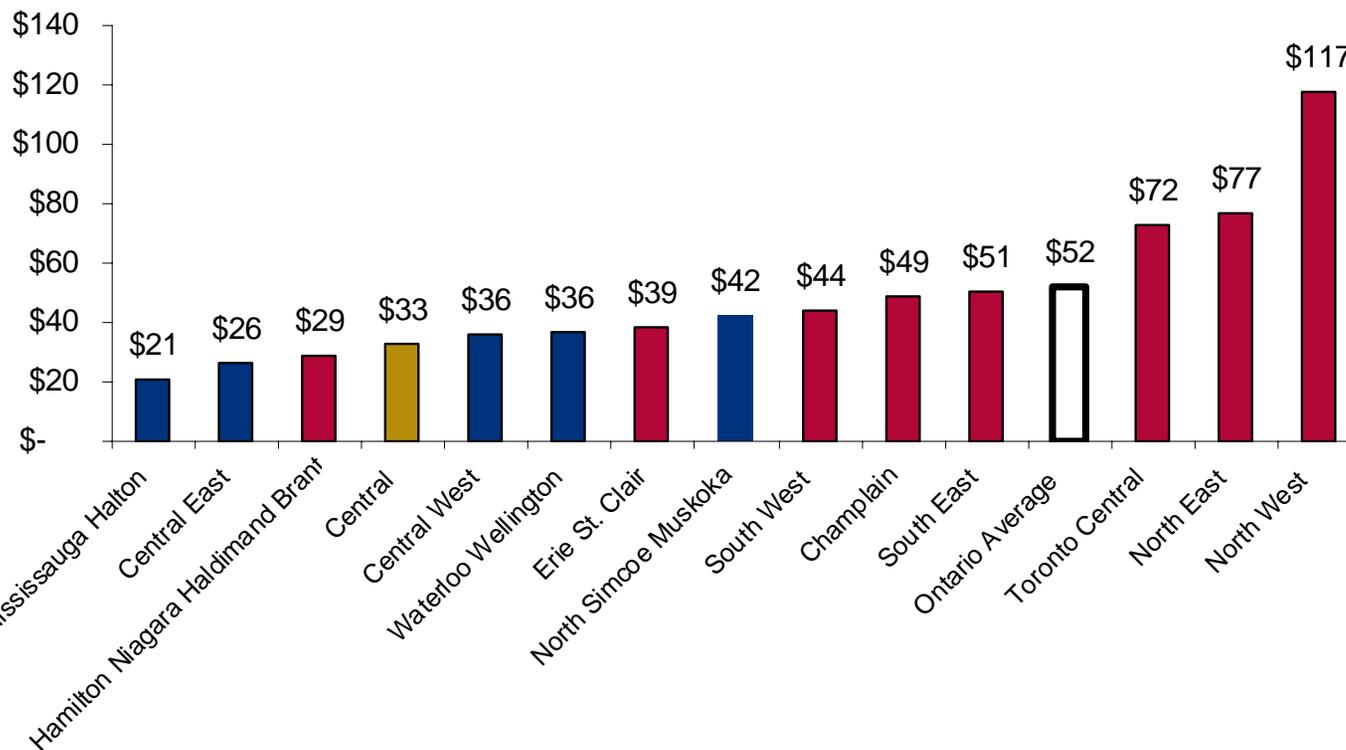
Funding is taken from
Table 2 of the LHIN
Accountability
Agreements

Population figures
represent the 65+
population in each
LHIN

Central LHIN
High Growth LHINs
Other LHINs

Funding Under LHINs

COMMUNITY MENTAL HEALTH FUNDING PER RESIDENT BY LHIN (2008/09)



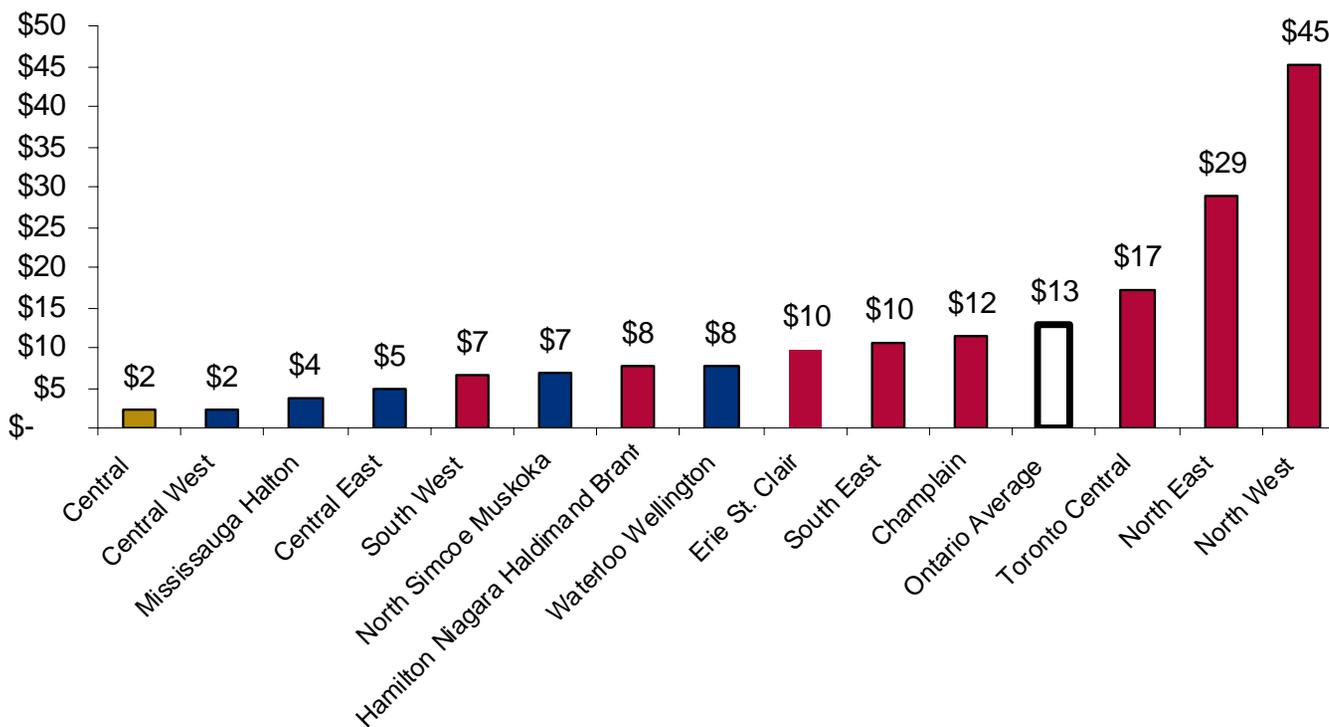
Funding is taken from
Table 2 of the LHIN
Accountability
Agreements

Population figures
used in each LHIN are
age-weighted

Central LHIN
High Growth LHINs
Other LHINs

Funding Under LHINs

ADDICTIONS PROGRAMS FUNDING PER RESIDENT BY LHIN (2008/09)



Funding is taken from
[Table 2 of the LHIN
Accountability
Agreements](#)

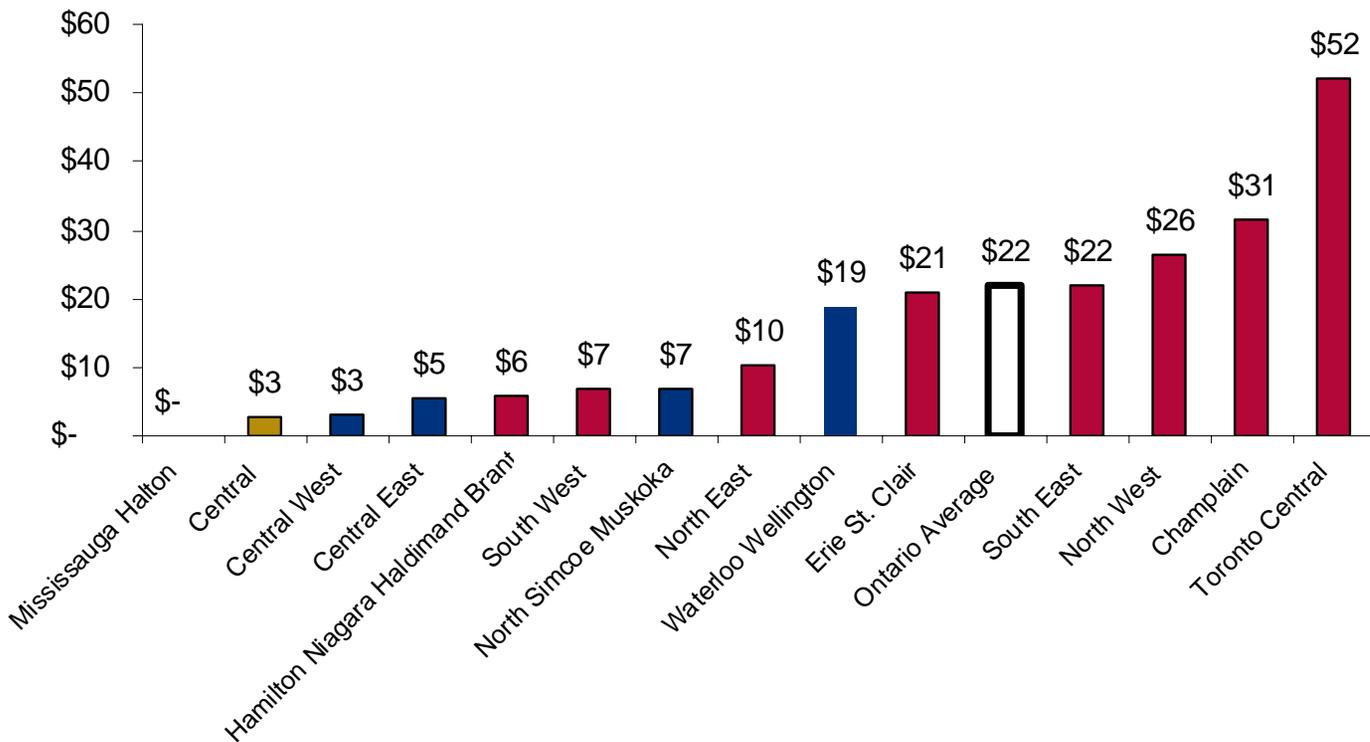
Population figures
used in each LHIN are
age-weighted

- Central LHIN
- High Growth LHINs
- Other LHINs



Funding Under LHINs

COMMUNITY HEALTH CENTRES FUNDING PER RESIDENT BY LHIN (2008/09)



Funding is taken from Table 2 of the LHIN Accountability Agreements

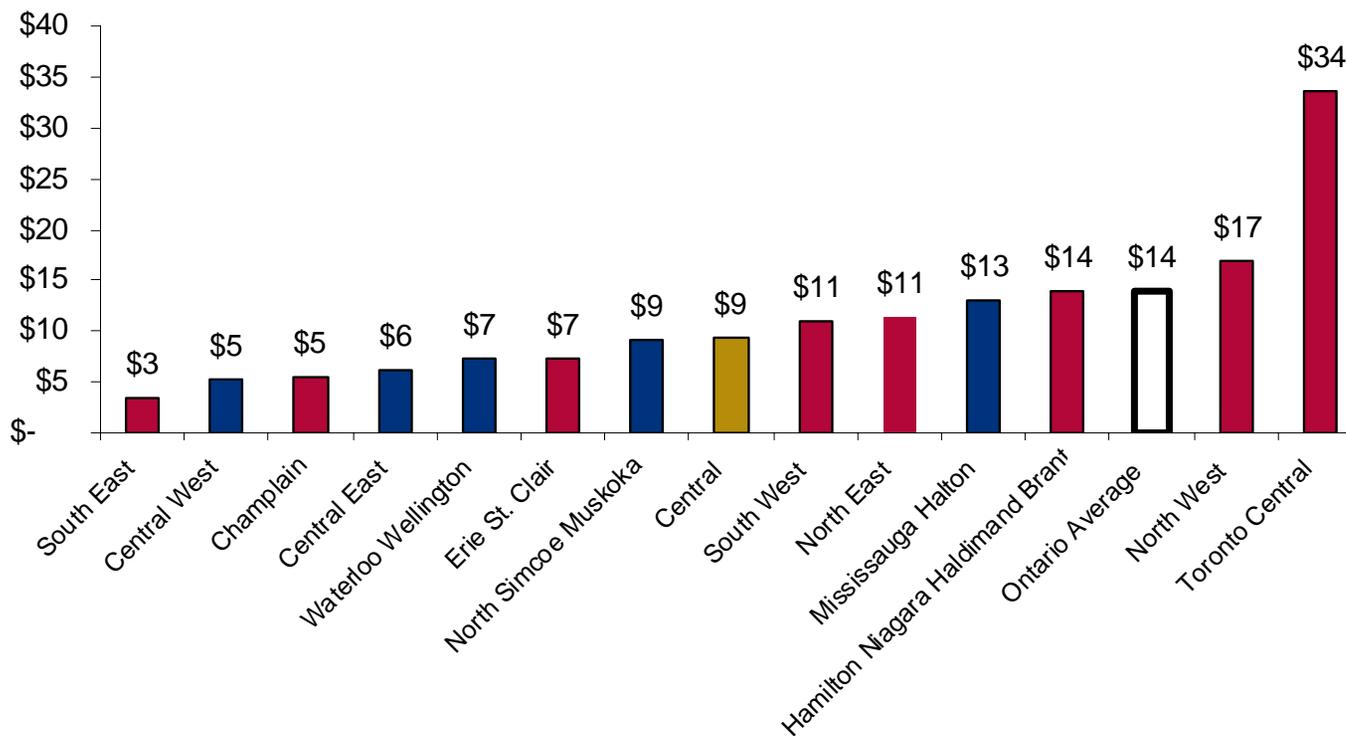
Population figures used in each LHIN are age-weighted

Excludes CHCs announced last year.

■ Central LHIN
■ High Growth LHINs
■ Other LHINs

Funding Under LHINs

ASSISTED LIVING FUNDING PER RESIDENT BY LHIN (2008/09)



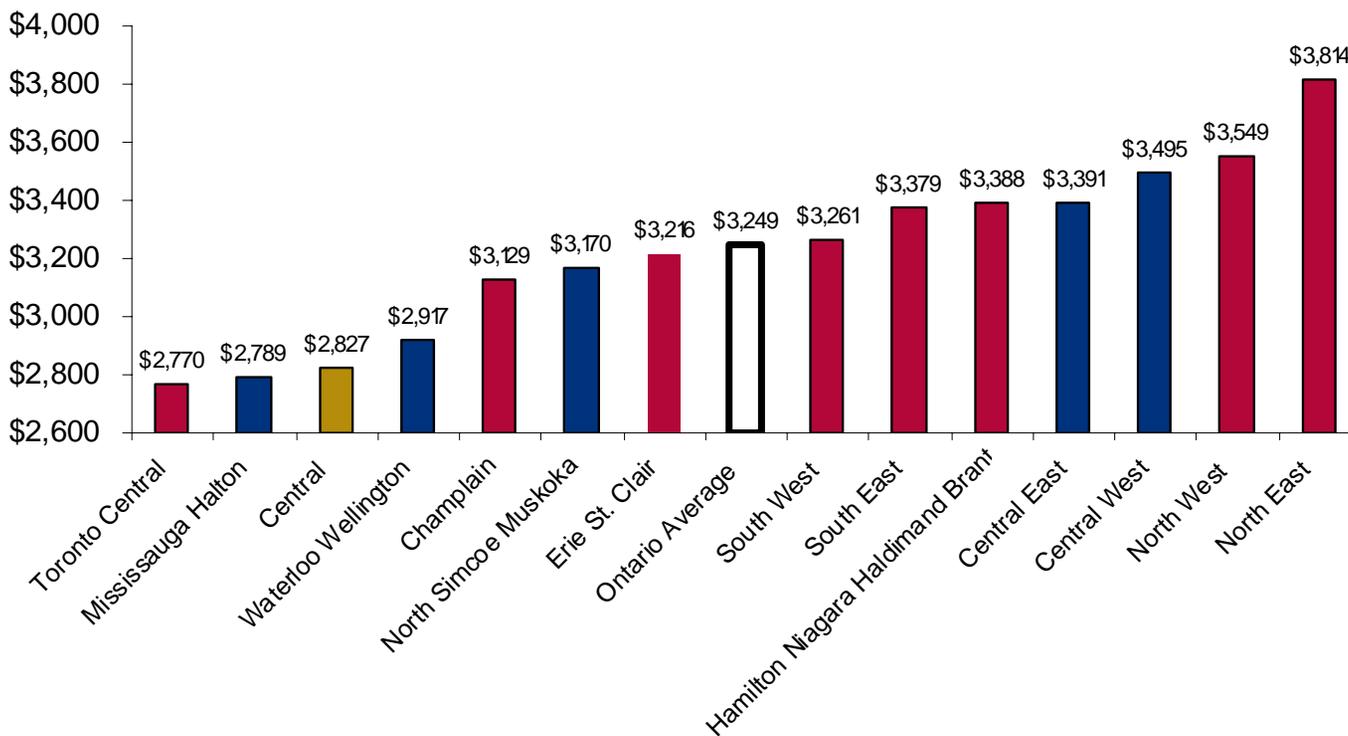
Funding is taken from
Table 2 of the LHIN
Accountability
Agreements

Population figures
used in each LHIN are
age-weighted

■ Central LHIN
■ High Growth LHINs
■ Other LHINs

Funding Under LHINs

LONG TERM CARE FUNDING PER RESIDENT 75+ BY LHIN (2008/09)



Funding is taken from Table 2 of the LHIN Accountability Agreements

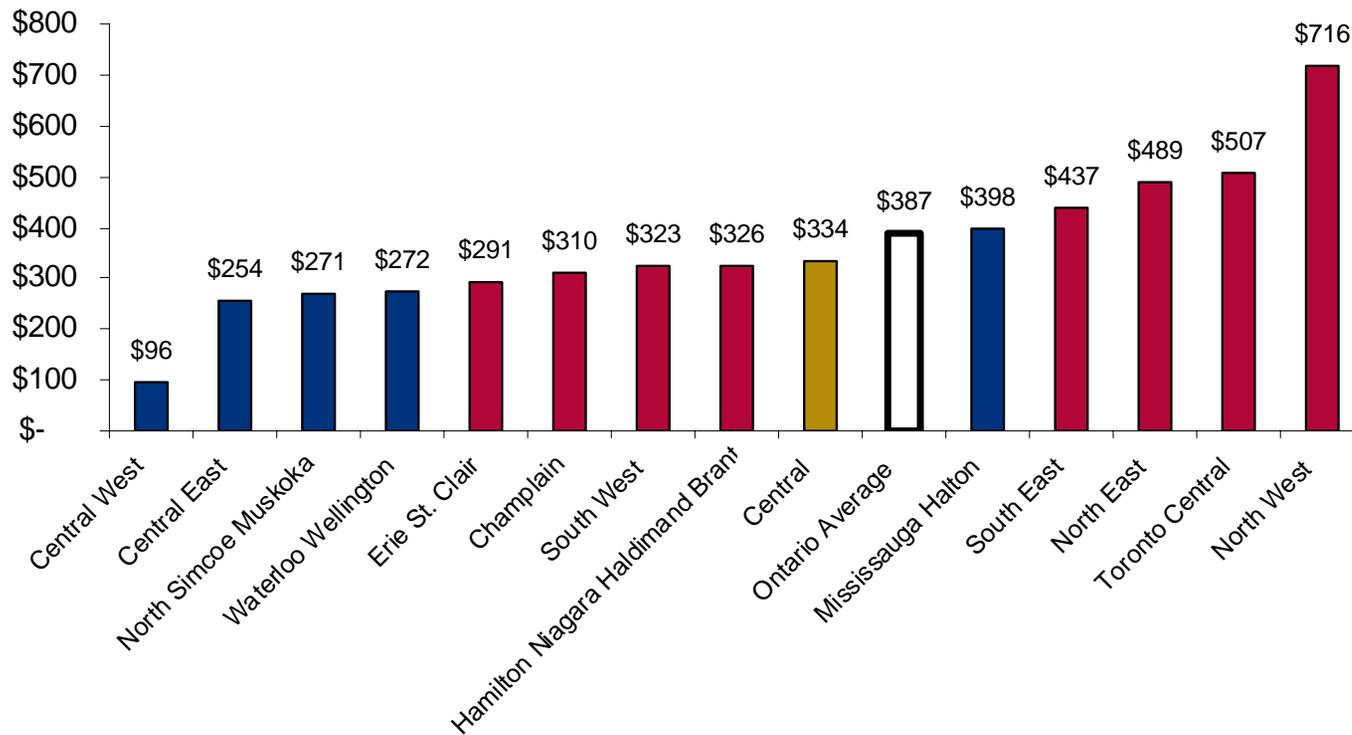
Population figures represent the 75+ population in each LHIN

- Central LHIN
- High Growth LHINs
- Other LHINs



Funding Under LHINs

COMMUNITY SUPPORT SERVICES FUNDING PER RESIDENT 75+ BY LHIN (2008/09)



Funding is taken from Table 2 of the LHIN Accountability Agreements

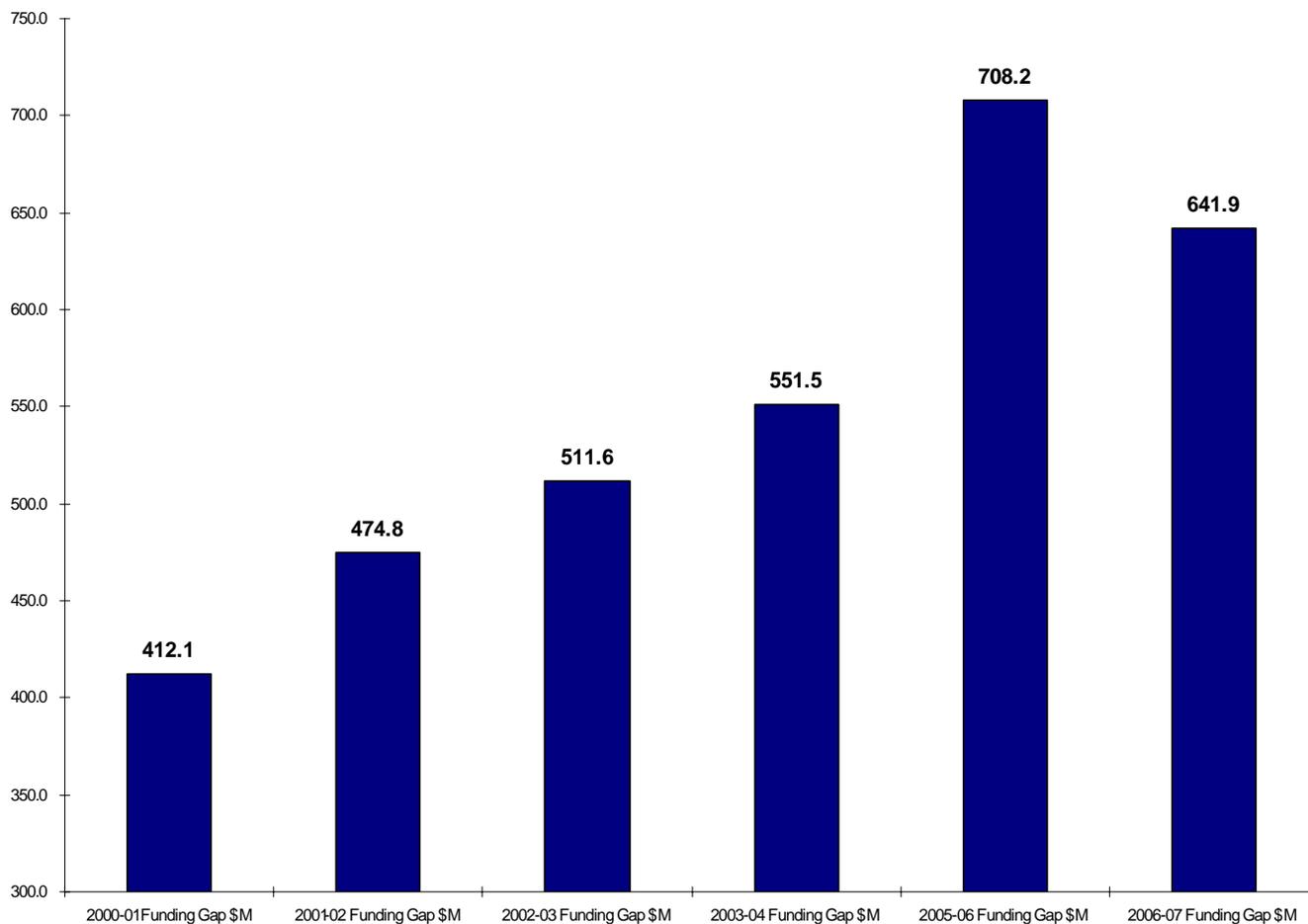
Population figures represent the 75+ population in each LHIN

Central LHIN
High Growth LHINs
Other LHINs



Why Growth Funding is Urgently Needed

GTA/905 SOCIAL SERVICES FUNDING GAP CONTINUES TO WIDEN



Ontario average excludes the GTA/905
Population figures used are 2001 census, MOF projections



Better Care, Close to Home

ALLIANCE PARTNERS

STRONG COMMUNITIES COALITION
A Coalition of Human Services in Durham, Halton, Peel & York

Region of Peel
Working for you



GROWING HEALTHCARE COMMUNITIES ALLIANCE
BETTER CARE CLOSE TO HOME



Fair Share Task Force

BETTER CARE CLOSE TO HOME.



THE ONTARIO LIBERAL PLAN, 2007

MOVING FORWARD TOGETHER

More Access to Better Care

We will build on the success of the last four years by continuing to invest in universal, public health care for all Ontarians.

WE WILL:

- Expand our progress on wait times to more services: emergency room visits, children's surgery and general surgery. Experts will tell us what wait times should be and we will meet or beat those targets
- Deliver access to a family doctor to 500,000 more Ontarians
- Deliver 50 more Family Health Teams over the next four years, targeting areas like rural and northern Ontario, where doctors are harder to find
- Create 100 more medical school spaces and accredit more internationally trained doctors
- Hire 9,000 more nurses, meet our goal to have 70% of nurses working full-time, guarantee jobs for new nursing grads, invest in healthy work environments for nurses and establish 25 more nurse-led clinics
- Invest \$100M in growth funding for hospitals in our fastest growing communities
- Continue to enhance the strength of mental health and addictions services with increased funding and strong provincial policy direction

POPULATION-NEEDS-BASED FUNDING IN ONTARIO

New Made-In-Ontario Model More Responsive To Needs Of Ontario Communities

TORONTO: Sept. 7 /CNW/ - The McGuinty government is ensuring that local communities get a fair share of health care funding by developing the Health-Based Allocation Model (HBAM) to allocate funding to the province's 14 Local Health Integration Networks (LHINs), Health and Long-Term Care Minister George Smitherman announced today.

"Our government is looking to the future so that our health care system can continue to provide the services that communities and patients need," said Smitherman. "This new formula is a made-in-Ontario model that's unique, fair and sustainable." The Health-Based Allocation Model, under development since early 2006, takes into account the health status of patients in local communities....



Health Based Allocation Model (HBAM)

POPULATION-NEEDS-BASED FUNDING IN ONTARIO

The ministry and LHINs will be able to analyze and interpret data so that areas of the system with the greatest needs get the greatest share of funding. This new funding model is expected to:

Promote equal access to services across Ontario - Ensure funding is responsive to health needs of the patients treated - Promote integration by recognizing opportunities to coordinate services across geography, providers and patient types - Promote an equitable share of funding within available resources - Promote fairness by accounting for differences in health and need for service.

"The Health-Based Allocation Model is a significant step in the right direction towards addressing many of the funding inequities that currently exist in the health care system," said Tariq Asmi, Executive Director, GTA/905 Healthcare Alliance. "I look forward to working with the government to further develop this model so that hospitals in high growth areas can continue to provide health care services."

In the future, each Local Health Integration Network's share of funding will be based on direct measures of health status and on population-based factors such as age, gender, socio-economic status, rural geography and patient flows. The ministry is consulting with the health care sector on the Health-Based Allocation Model to inform the Local Health Integration Networks and to seek their advice on its implementation.



Population-Needs-Based Funding

POPULATION-NEEDS-BASED FUNDING IN OTHER JURISDICTIONS

The Change Foundation in Ontario did a jurisdictional review of integration efforts internationally and in Canada (Jan 2008):

- UK National Health Service (NHS)
- Regional Boards in Australia
- District Health Boards in New Zealand
- Local Health Authorities in Netherlands
- Health Reforms in Germany
- Regional Health Authorities across Canada

“Pretty well all of the jurisdictions that we looked at had a population based funding formula that was applied equitably.... Mechanisms for this vary greatly but they all start with a population based formula.”

Cathy Fooks
President & CEO
The Change Foundation



FAIRNESS FOR ONTARIO

Feb 2009 Federal Budget:

- \$878 million in additional federal funding under CHT (was expected in 2014)
 - ✓ \$94M due Population Growth
 - ✓ \$784M due to FAIRNESS (\$60 more per Ontarian) & "have not" status.
 - ✓ Coming over three years



Better Care, Close to Home

FAIRNESS FOR ONTARIO



Jan 29, 2009



"The federal government has also addressed an outstanding concern related to the Canada Health Transfer. We are now going to be treated the same as Canadians in the rest of the country when it comes to the funding that we receive for the Canada Health Transfer," said the premier.

Finance Minister Dwight Duncan said redressing that inequity alone should mean **\$139 million** more a year for the treasury.



WHAT NEEDS TO BE DONE

1. Speed up implementation of hospital growth funding commitment and provide adequate and ongoing social services growth funding.
2. Quickly implement “Health Based Allocation Model” (HBAM) i.e., population-needs-based-funding for provincial health care funding and develop a population-needs-based funding formula for social services.
3. Develop a health care and social services growth plan for Ontario to complement *Places to Grow*.



HOW YOU CAN HELP

1. Speak to your MPPs re: **Growth Funding** and **HBAM**
2. Pass a resolution asking the Province to:
 - 1) Speed up implementation of the \$100M hospital **growth funding** commitment ensuring that growth funding is targeted to high growth hospitals and provide growth funding for social services;
 - 2) Quickly implement “**Health Based Allocation Model**” (HBAM) i.e., population-needs-based funding for provincial hospital and health care services and develop a population-needs-based funding formula for social services, and;
 - 3) Develop a **health care and social services growth plan** for Ontario high growth communities to complement *Places to Grow*.

RESOLUTIONS PASSED

RESOLUTIONS PASSED SINCE JANUARY 2008		
	REGION	DATED PASSED
1	Town of Richmond Hill	March 3/08
2	City of Oshawa	March 3/08
3	Town of Ajax	April 14/08
4	The Regional Municipality of Peel	April 17/08
5	City of Pickering	April 21/08
6	Town of Aurora	April 22/08
7	Town of Whitby	April 28/08
8	Town of Whitchurch-Stouffville	May 20/08
9	Municipality of Clarington	September 29/08
10	Town of Caledon	September 30/08
11	Town of Newmarket	November 10/08
12	The Regional Municipality of Durham	November 19/08
13	City of Burlington	December 15/08
14	The Regional Municipality of Halton	January 21/09
15	Town of Milton	January 26/09
16	Town of Halton Hills	February 23/09
17	City of Vaughan	February 24/09
18	Town of Georgina	March 2/09
19	City of Cambridge	March 2/09
20	Township of Woolwich	March 10/09
21	The Regional Municipality of Waterloo	March 11/09
22	Town of East Gwillimbury	March 23/09



Better Care, Close to Home

THANK YOU. QUESTIONS? COMMENTS?

www.growingcommunities.ca