

Presentation to OAILSP Conference

Friday, November 6, 2009

Don Gracey

The C.G. Group

List of Ontario Health Care Clients



College of
Dental Hygienists
of Ontario



College of
Chiropractors



Canadian Academy of
Facial Plastic and
Reconstructive
Surgery



Ontario Podiatric
Medical Association



Ontario Association of
Non-Profit Homes and
Services for Seniors



Ontario Physiotherapy
Association



Secretariat for the Coalition of
Ontario Regulated Health
Profession's Associations



Background/A Refresher

LHIN's Role

(Section 5 of Act)

- Plan;
- Fund (as transfer agency); and
- Integrate

Healthcare services in their districts

- In consultation with local stakeholders;
- To reflect local circumstances and requirements; and
- To enhance access and equity, system integration, quality, sustainability and overall health status of Ontarians

Not Service Providers



Background/A Refresher Cont'd

LHIN Coverage

- IN: Hospitals (public & private)
CCACs
Community support service agencies
Mental health & addiction agencies
CHCs
Long-term care homes
- OUT: Healthcare professions' funding
FHTs
Ambulance services
Medical Laboratories & SCCs
IHF, including diagnostic facilities
Ontario Drug Benefits Program
Public Health
Province-wide programs
Licensing and regulatory functions



Background/A Refresher Cont'd

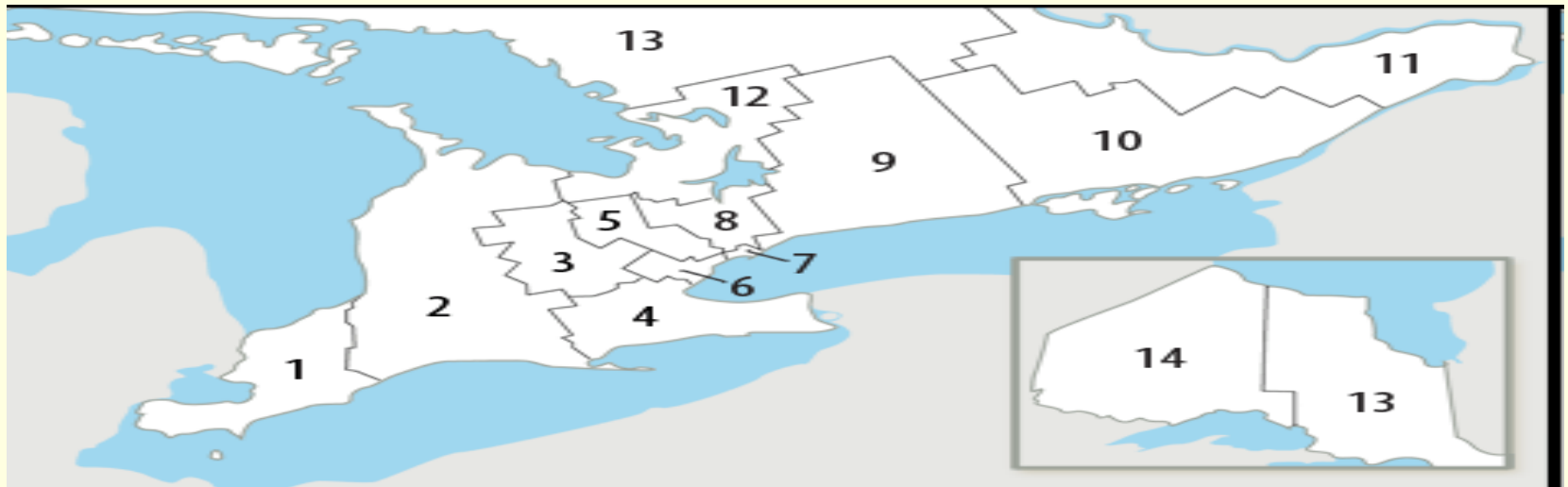
Ministry Controls

- Set up, wind-up, merge or divide LHINs
- “Provincial Strategic Plan”
- Approve/HSPs
- Crown Agent
- Annual funding
- Accountability Agreements
- Approve LHIN Board by-laws
- Board members appointed by OIC
- Extensive regulation-making powers
e.g. public consultation, HPACs,
disposition of assets,
- Etc.

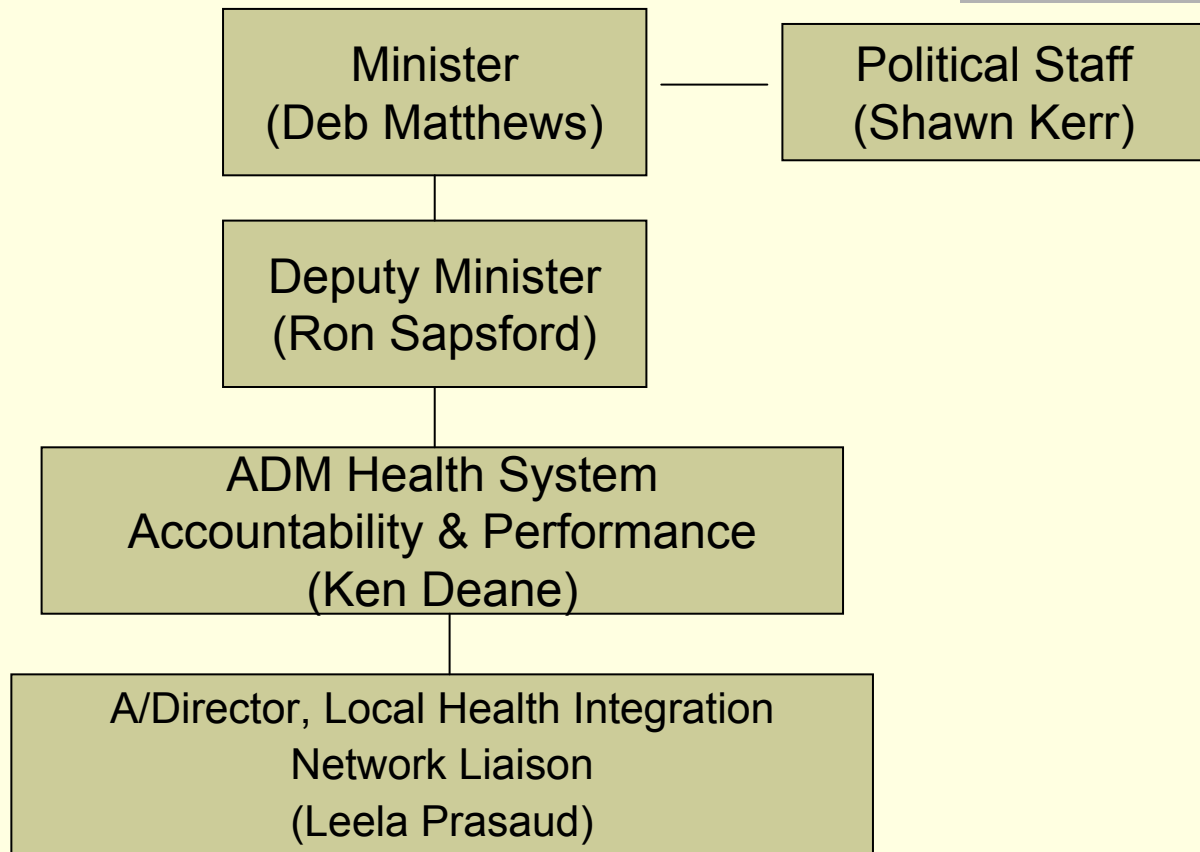
Background/A Refresher Cont'd

LHIN Districts

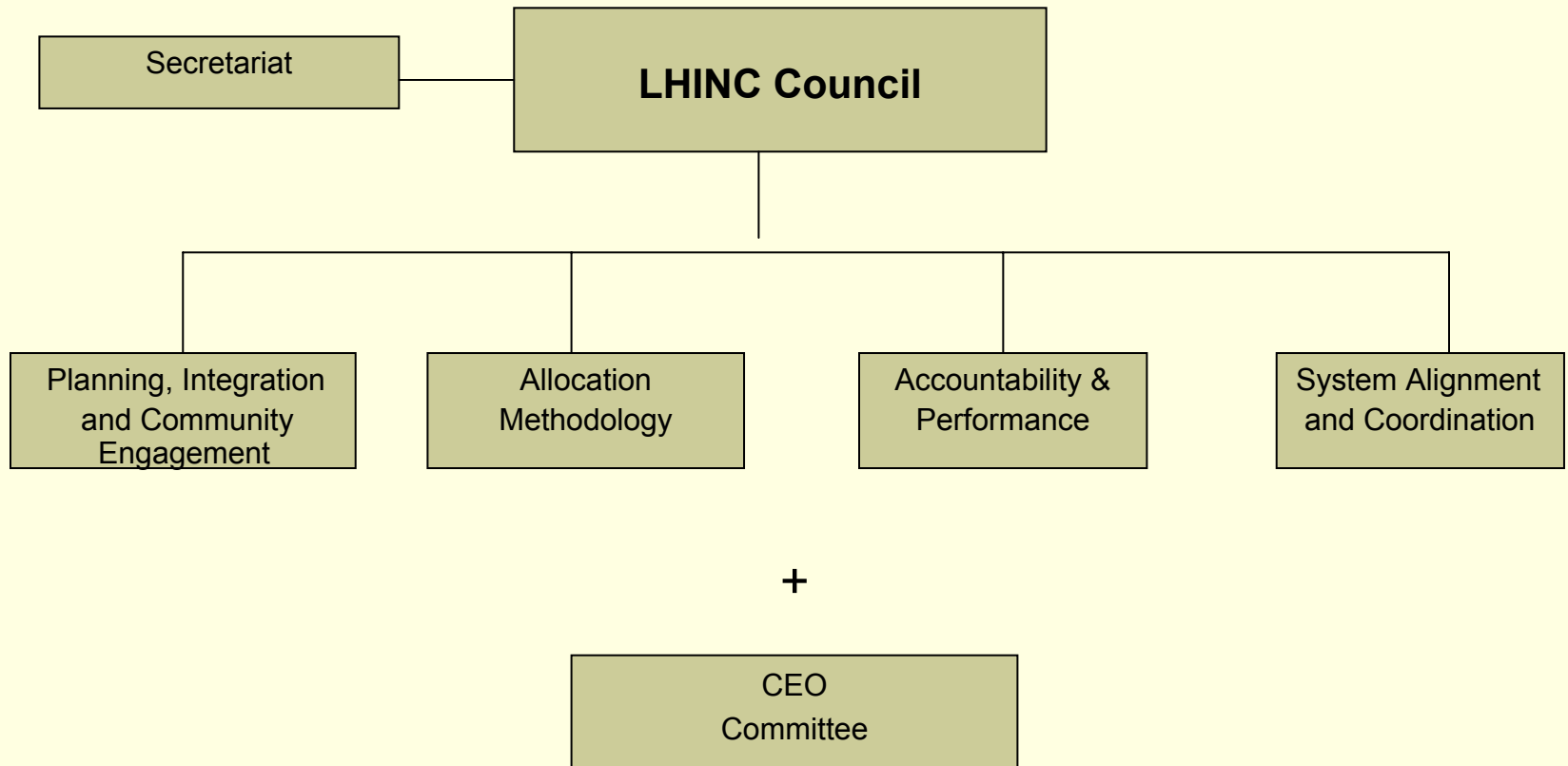
1. [Erie St. Clair](#)
2. [South West](#)
3. [Waterloo Wellington](#)
4. [Hamilton Niagara Haldimand Brant](#)
5. [Central West](#)
6. [Mississauga Halton](#)
7. [Toronto Central](#)
8. [Central](#)
9. [Central East](#)
10. [South East](#)
11. [Champlain](#)
12. [North Simcoe Muskoka](#)
13. [North East](#)
14. [North West](#)



Background/A Refresher-Cont'd



Background/A Refresher-Cont'd



Background/A Refresher Cont'd

LHIN Funding

FY	2007/2008 (Actual)	2008/09 (Estimates)	2009/10 (Estimates)	2010/11 Projected
Transfers	\$19.76b	\$20.36b \$20.36b	\$20.96b	\$ 21.196b
LHIN Op. Costs	\$59.5m	\$56.50m	\$60.50m	

Immediate

Priorities

- Provincial Strategic Plan not completed for 2010/11
- Priorities - ER Wait Times
- ALC Strategy

Evaluation

The KPMG Effectiveness Review

“It should be noted that this review is not an examination of the effectiveness of the LHINs, individually or collectively, or a review of the MOHLTC”

Themes:

- Ministry/ LHIN relationship
- Inter-LHIN co-ordination and sharing
- Intra-LHIN organizational
- Governance Issues

Evaluation, Cont'd

Are LHINs “Privatizing” Healthcare Delivery?

- The physiotherapy and medical laboratory experience

Evaluation, Cont'd

Are LHINs balkanizing healthcare delivery?

Evaluation, Cont'd

October 24, 2008

Dear Minister Caplan,

Minister, as you know, I have previously raised my serious concerns with the McGuinty government's decision to implement these regional health authorities with your predecessor, the Hon. George Smitherman.

Among the concerns I have raised are:

- The LHINs represent a \$170 million investment in a new layer of health bureaucracy at the cost of funding for front line service providers like doctors, nurses and personal support workers in long term care homes;



Evaluation, Cont'd

- For example, the LHINs spent \$2 million on new office space and furniture, meaning further scarce health care dollars were not invested in actual health care;
- The sheer size of the Hamilton-Niagara-Haldimand-Brant LHIN has effectively removed local decision making and amalgamated it into a massive and largely anonymous administrative structure; and
- LHIN board members are appointed by the provincial government of the day, are not elected or directly accountable to taxpayers, and are largely unknown in the communities they are supposed to represent. Despite this lack of direct accountability, the McGuinty government has given them extraordinary powers to reduce hospital services without public consultation.

I am sorry to note that my concerns have been confirmed by recent decisions made by the Hamilton-Niagara-Haldimand-Brant LHIN. These decisions included a restriction of the McMaster emergency room without proper studies or sufficient public consultation. This situation prompted the resignation of board member Stephen Birch, who confirmed “the public’s voice is not being heard.” (Hamilton Spectator, Sept. 30, 2008)



Evaluation, Cont'd

Minister, given the failures of the LHIN scheme as outlined above, I ask you to restore the lines of direct accountability between elected officials and taxpayers who ultimately pay for Ontario's health care bill. As the new Minister of Health, you have the opportunity to correct the errors of your predecessor's decision to give such extraordinary powers to unelected, unaccountable and largely anonymous individuals at the LHIN. After all, the health care buck stops at your desk.

Tim Hudak, MPP



Getting to Know your LHIN

- Attend Board meetings
- Look for opportunities to present to Board and/or Committees
- Volunteer for HPAC or other Committee(s)
- Comment on IHSP
- Go to public consultations
- Connect with LHINC
- Connect with CEO Committee



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