

Ministry of Health

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May 2nd, 2024

Dr. Catherine Zahn
Chair
Ontario Health
525 University Ave, 5th Floor
Toronto ON M5J 2L3

Dear Dr. Catherine Zahn:

Our core promise is to connect every person in Ontario to the health care they need when they need it. For some people, care can be difficult and slow to access, and our health care workers are under immense pressure. To address these challenges and be better prepared for the future, we need to take bold, innovative actions to strengthen all aspects of our health care system.

To do this, we must continue to build on the collaboration displayed across the system to strengthen all aspects of health care. That is why I am pleased to provide you with a letter that sets out the expectations and direction for Ontario Health for the 2024-25 fiscal year. This letter outlines how Ontario Health can support the *Your Health* plan, which is built on three key pillars:

- 1) The right care in the right place;
- 2) Faster access to care; and,
- 3) Hiring more health care workers.

In supporting the path forward, I expect Ontario Health to continue recognizing and addressing existing gaps in health care and building ways to prevent them, including meeting the unique needs of the diverse communities across our province.

Agency Corporate Priorities

This Letter of Direction for Ontario Health is in accordance with the requirements of the *Agencies and Appointments Directive*. The direction outlined is also consistent with our government priorities, your agency mandate, and additional key policies and directives.

As part of the Ontario government, agencies are expected to act in the best interest of Ontarians by being efficient, effective, and providing value for money to taxpayers. This includes:

1. Competitiveness, Sustainability and Expenditure Management

- a. Operating within the agency's financial allocations.
- b. Identifying and pursuing opportunities for revenue generation, efficiencies and savings through innovative practices, and/or improved program sustainability.
- c. Complying with applicable direction related to accounting practices and supply chain centralization, including leveraging Supply Ontario's bulk purchasing arrangement and working with Supply Ontario on strategic procurement initiatives.
- d. Complying with realty interim measures for agency office space.
- e. Leverage and meet benchmarked outcomes for compensation strategies and directives.

2. Transparency and Accountability

- a. Abiding by applicable government directives and policies and ensuring transparency and accountability in reporting.
- b. Adhering to accounting standards and practices, and responding to audit findings, where applicable.
- c. Identifying appropriate skills, knowledge and experience needed to effectively support the board's role in agency governance and accountability, and providing the Minister of Health with annual skills matrices to ensure boards have qualified appointees.
- d. Reviewing and updating agency key performance indicators (KPIs) annually to ensure efficiency, effectiveness and sustainability.

3. Risk Management

- a. Developing and implementing an effective process for the identification, assessment and mitigation of agency risks, including cyber security, and any future emergency risks.

4. Workforce/Labour Management

- a. Optimizing your organizational capacity to support the best possible public service delivery, including redeploying resources to priority areas, where needed.
- b. Supporting the implementation of the Community Jobs Initiative (CJI) by identifying opportunities to relocate new or existing agencies to lower cost

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communities across Ontario (as per Management Board of Cabinet Realty Directive, s. 5.4), as applicable.

- c. Aligning Human Resource and Accommodations strategies with Ontario Public Service (OPS) directives and policy.
- d. Adhering to Ontario Treasury Board/Management Board of Cabinet (TB/MBC) labour and bargaining mandates.
- e. Prudently and efficiently managing operational funding and workforce size.

5. Diversity and Inclusion

- a. Developing and encouraging diversity and inclusion initiatives by promoting an equitable, inclusive, accessible, anti-racist and diverse workplace.
- b. Adopting an inclusion engagement process to ensure all voices are heard to inform policies and decision-making.

6. Data Collection, Sharing and Use

- a. Establish a single harmonized privacy authority model to enable “collect once use many times” approach for data and information management, use and access.
- b. Improving how the agency uses data in decision-making, information sharing and reporting, to inform outcome-based reporting and improve service delivery.
- c. Increasing data sharing with Supply Ontario when applicable regarding procurement spending and planning, contract arrangements and vendor relations to support data-driven decision-making.

7. Digital Delivery and Customer Service

- a. Exploring and implementing digitization for online service delivery to ensure customer service standards are met.
- b. Using a variety of approaches or tools to ensure service delivery in all situations.

Ministry’s Strategic Priorities

For the 2024-25 fiscal year, I am also asking Ontario Health to focus on the following priorities, which align with and support *Your Health: A Plan for Connected and Convenient Care*.

The Government’s 2024-25 Budget may affect these priorities. Where additional funding is being provided, an Amending Agreement to the Ministry of Health—Ontario Health Accountability Agreement will be provided to set out any additional expectations.

Pillar One: Right Care in the Right Place

As part of our vision for more convenient and accessible care for individuals and their communities, we ask that Ontario Health support the Ministry of Health (Ministry) by delivering on the following initiatives outlined below.

Community Mental Health and Addictions Care

1. As part of the Roadmap to Wellness strategy and working with the Ministry and health system organizations, Ontario Health is to:
 - a. Lead the development of a multi-year implementation plan for Roadmap to Wellness, in consultation with the Ministry.
 - b. Improve quality and access to mental health and addiction (MHA) services by implementing innovative solutions and expanding existing services with specific considerations for Indigenous populations, including First Nations, Inuit, Métis and urban Indigenous populations. This includes:
 - Depression and Anxiety-Related Disorders
 - Schizophrenia and Psychosis
 - Eating Disorders
 - Substance Use Disorder
 - c. Support the Ministry in the development of an MHA Core Services Framework.
 - d. Continue expanding the MHA Data Digital Initiative, Provincial Coordinated Access and MHA supportive housing.
 - e. Support addictions recovery programming in communities across the province to meet the anticipated demand for substance use services and to maximize provider uptake.

Care in the Community

2. Advance the spread and scale of new home care models of care with a focus on evidence, equity (including Indigenous health) and operational supports, including an IT platform.
3. Support home and community care models that address Alternate Level of Care (ALC) reduction, including admission diversion, and discharge supports that contribute to enhancing patient flow and supporting the patient journey throughout the continuum of care.

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4. Work with Home and Community Care Support Services organizations and the Ministry to support the successful establishment of Ontario Health atHome and implementation of the service organization model for designated Ontario Health Teams (OHTs).
5. Work with Home and Community Care Support Services, or Ontario Health atHome, and other home care delivery partners to implement the Ministry's direction to update the service provider organization selection process and contracts, to improve quality, and to spread new models of care, including the seven OHT Leading Projects.
6. Work with the Ministry of Health, Ministry of Long-Term Care and the Ministry for Seniors and Accessibility to better serve people living with dementia, their caregivers, and families.
7. Improve access to palliative care services in local communities so that Ontarians living with a serious illness can engage in a holistic approach to care near their communities and loved ones, throughout their illness trajectory. To deliver on this work, Ontario Health will:
 - a. Implement a palliative model of care based on the Palliative Care Health Services Delivery Framework – Focus Area 1: Adults Receiving Care in Community Settings.
 - b. Ensure Ontarians have a choice about where they spend their final days by supporting end-of life care.
8. Work with the Ministry to determine provincial roles and responsibilities for the delivery of medical assistance in dying.
9. Work with the Ministry and Home and Community Care Support Services to determine appropriate clinical pathways for rehabilitation services in the community.
10. Improve capacity by leveraging Community Paramedicine programs to address gaps, working alongside home and community care providers.

Primary Health Care

11. Develop a primary care performance framework that reflects key strategic primary care priorities, including a common set of measures for interprofessional care teams, and begin reporting in FY 2024-25.

12. Develop an evidence-based primary care planning framework that could inform planning, health human resources, equity of access, funding allocations for primary care programs, and integration.
13. Support the Ministry in quality improvement approaches to improve performance in primary care agreements.
14. Facilitate improved health sector planning, accessibility and integration through provider oversight and accountability, contract management and performance monitoring of interprofessional care teams (i.e., Nurse Practitioner-Led Clinics, Family Health Teams and Community Health Centres).

Connection to Population Health

15. Develop and implement a chronic disease care implementation plan, addressing clinical prevention, early detection and screening, management and treatment with an initial focus on diabetes, and aligned with and supportive of the existing Indigenous diabetes and chronic disease programs.
16. As part of the chronic disease care implementation plan, continue to work in partnership with the public health system to promote health, prevent diseases and improve the health of the entire population including those who are underserved.
17. Collaborate with the Ministry, public health units and Public Health Ontario to improve access to and uptake of publicly funded vaccines, including COVID-19, and access to laboratory results for all Diseases of Public Health Significance.
18. Work collaboratively with the Ministry on a joint work plan and timeline to transition responsibilities for the environmental health file to Ontario Health over time.

Ontario Health Teams

19. In addition to those priorities related to Ontario Health Teams (OHTs) set out throughout this letter, continue supporting OHTs to provide better integrated, population-health focused, and equitable care to their communities in response to local priorities.
20. Support the OHT acceleration plan, where 12 OHTs are working to rapidly accelerate and be among the first to be considered for designation under the

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Connecting Care Act, 2019 (e.g., regarding not-for profit corporations, membership, primary care networks, and home care readiness).

21. Support the development and implementation of primary care networks in OHTs, in collaboration with the Ministry and in consultation with the primary care sector.

Data and Digital Integration and Access to Digital Services

22. Work with the Ministry to implement the health data and digital strategy to improve Ontarians' access to information and digital services, so they can better manage their health and receive care when and where they need it. This includes building on the successes of Health811 and ensuring consideration of Francophone and other underserved populations.

Pillar Two: Faster Access to Care

To improve access to quality care and achieve better health outcomes across the province, we ask Ontario Health to focus on the following initiatives.

Hospitals and Emergency Care

23. Submit pressures requests in two tranches that are rank ordered based on urgency by September 30th and November 30th, based on agreed upon methodology. Any change in timelines to be agreed upon by Ontario Health and the Ministry.
24. Work with key partners to divert individuals from emergency rooms when it's safe to do so and provide them care and treatment in the community.
25. Continue to work with the Ministry, the Ministry of Children, Community and Social Services and pediatric system partners on the pediatric recovery plan including planning, allocating and monitoring of approved investments.
26. Work closely with the Ministry and system partners to oversee critical care services in Ontario, including appropriate critical care capacity.
27. Continue to work closely with key stakeholders to support and implement new and innovative models of care such as robotics for surgeries, diagnostic imaging guided procedures, and expanding surgical and diagnostic imaging capacity in hospitals.

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28. As part of the government's continued efforts to support surgical and diagnostic imaging recovery, continue to work with the Ministry to expand surgical and diagnostic imaging capacity in Ontario.
29. Lead an expert panel/working group to advise on evidence-based coverage decisions for surgical care for the treatment of gender dysphoria.

Community Surgical and Diagnostic Centres

30. Leverage community surgical and diagnostic centres to reduce surgical wait times and make it easier and faster to receive OHIP-insured diagnostic services, surgeries and procedures. To achieve this work, undertake an expanded role and take on additional responsibilities for existing and newly created Integrated Community Health Services Centres (ICHSCs) identified as part of the Ministry's Call for Applications process. Roles and responsibilities will include oversight and administration of funding and transfer payment agreements for existing and new surgical and procedural centres. Ontario Health's expanded role will also include oversight of licensing functions for these centres under the *Integrated Community Health Services Centres Act* and working with the Quality Assurance inspecting body to ensure quality and safety standards are maintained and continuously improved at the existing and new surgical and procedural centres; however, these additional roles and responsibilities may not be transitioned to Ontario Health until 2025/26.
31. Work with the Ministry to support the expansion of the volume and type of surgeries and procedures that can be safely performed at community surgical and diagnostic centres. This work may include Ontario Health supporting future Calls for Applications, providing oversight of the new quality assurance program for new surgical, procedural and advanced diagnostic centres identified through the Ministry's Calls for Applications process to advance integration and system planning, while expanding the sector's capacity (e.g., specific orthopedic surgeries and procedures and gastro-intestinal endoscopies).
32. Strengthen the integration of new and existing community surgical and diagnostic centres into the larger health system by including these centres in regional health planning, supporting centres and hospital partnerships and linkages, ensuring centres' connection and reporting into the provincial wait times information system and participation in regional central intakes where available. Integration efforts should also work to protect the stability of staffing at public hospitals, including requiring applicants for new centres to provide detailed staffing plans as part of their application, with evidence of sustainability

and requiring information regarding the hospital privileges of physicians who provide services at these centres, if applicable.

Digital Integration and Access to Digital Services

33. Work with the Ministry to implement the health data and digital strategy to enable regionally integrated care, improved services for care providers and better data and digital foundations for the health system, including:
 - a. Supporting health care providers to access integrated health data and use enhanced digital tools to reduce administrative burden and focus on care, such as replacing paper-based processes with digital alternatives; and
 - b. Enhancing system integration and capacity and improving overall sector efficiency by harmonizing and integrating health data across the system (including for care delivery, population health, system planning, research and innovation) and implementing policies (including for privacy and security), including progressing a provincial health digital and data service to facilitate seamless and secure sharing of data.

Pillar Three: Hiring More Health Care Workers

Hiring more health care professionals is the most effective step to ensuring individuals and their communities can see a health care provider where and when they need to. To support our commitment to hiring more health care professionals, we are asking Ontario Health to prioritize the following initiatives.

Recruitment and Training

34. Continued delivery of recruitment activities and programs for attracting health providers and building health workforce capacity at the provincial, regional and local level, and where health providers are needed most in the province.
35. Support health provider education and training by optimizing the integration of learners and trainees into the health workforce, including improved coordination of clinical placements.
36. Develop recruitment and training strategies to help address the unique needs of French Language speaking Ontarians, First Nations, Métis, Inuit and urban Indigenous populations, as well as Black, other racialized and 2SLGBTQQIA+ populations who experience better outcomes when care is culturally sensitive, provided in their first language, and delivered by people who understand their circumstances.

Retention, Distribution and Optimization

37. Continue to deliver activities and programs for stabilizing health workforce capacity in northern, rural and remote communities, including, but not limited to, implementing immediate staffing interventions, such as physician locum programs.
38. Lead the integration of internationally educated health professionals (IEHPs) into priority areas of the health system, specifically supporting expedited pathways for registration and providing centralized support for IEHPs to access information and guidance on education, registration pathways and employment opportunities in healthcare through the *Access Centre for Internationally Educated Health Professionals* and in collaboration with system organizations.
39. Support the Ministry in implementing the Models of Care Innovation Fund that enables individual hospitals, long-term care homes, home care providers, Ontario Health Teams and other health organizations and providers to execute innovative ways of maximizing the skills and expertise of health care workers.

Integrated Capacity Planning

40. Work with the Ministry on implementing an integrated capacity and health human resources (HHR) plan for Ontario, in alignment with existing roles and responsibilities.
41. Continue refinement and enhancements of the master provincial data set that measures overall HHR capacity and impact of HHR strategies and provide analytical expertise to glean insights from this data set.

Foundational Organizational Priorities

Delivery of Operations and Core Programs

42. Continue to advance the government's transformation agenda through working with the Ministry on Ontario Health's evolving roles and functions to support the government's goals, including the assignment of select Ministry transfer payment agreements (TPAs) and initiating a program transfer to Ontario Health,

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to support an integrated, high-quality health care system. This includes identifying additional resources through staff redeployment to priority areas first.

43. Strengthen Ontario Health's performance management functions through continued reform of Service Accountability Agreements.
44. Collaborate with the Ministry, Treasury Board Secretariat, and Supply Ontario on the development of an integrated clinical supply chain management model for the health care sector with clear accountabilities among Ontario Health, Supply Ontario and ministries that achieves the best value for taxpayers and delivers quality outcomes for individuals and their communities.
45. Work with the Ministry and partners on the development of an integrated innovation pathway that proactively identifies, reviews, implements and enables adoption of promising health technologies and services across the health system.
46. Operate the Ontario Laboratory Medicine Program and Provincial Diagnostics Network to:
 - a. maintain timely, equitable access to publicly funded respiratory virus testing for eligible Ontarians; and
 - b. with direction from the Ministry and input from Public Health Ontario, develop a unified provincial laboratory medicine plan that establishes an integrated system approach to laboratory medicine in Ontario, ensures high-quality, laboratory diagnostics based on clinical guidance and expertise, improves access to laboratory testing, ensures appropriate and coordinated services, and drives digital innovation.
47. Work with the Ministry to operationalize the Provincial Genetics Program, including implementation of a standardized approach to clinical genetics data collection, use and reporting.
48. Improve the New Drug Funding Program by reducing the time required to implement the Ministry's decisions to fund new cancer therapies and collaborate with the Ministry to explore options to provide individuals in Ontario with improved access to publicly funded take-home cancer drugs.
49. Support coverage of new injectable cancer drugs and manage and prevent cancer and non-cancer drug shortages through measurable system improvement and by developing and implementing regional, provincial, and federal prevention and mitigation strategies.

50. Continue supporting the Ministry in its relationship with the Ontario Medical Association (OMA) by ensuring compliance with the OMA Representation Rights and Joint Negotiations and Dispute Resolution Agreement.
51. Complete a comprehensive review and evaluation of existing musculoskeletal programs and submit related recommendations to the Ministry regarding future program opportunities, oversight and accountability approaches, and potential funding. Future funding decisions related to provincial musculoskeletal programs will be dependent on the results of this comprehensive review.

Emergency Preparedness

52. Work with the Ministry and Public Health Ontario on health emergency management priorities including seasonal respiratory pathogens readiness, chemical biological radiological and nuclear readiness, and ongoing response and recovery to health system emergencies and disruptions.
53. Work with the Ministry, hospitals and other health care providers to ensure Ontarians have access to therapeutics.

Health Equity

54. Develop an outcome measurement framework and report quarterly on equity targets across Ontario working with Public Health Ontario in the areas of: Women's Health, French Language-speaking Ontarians, First Nations, Métis, Inuit, and urban Indigenous populations, as well as Black, other racialized and 2SLGBTQQIA+ populations and Refugee, Asylum seeking, and housing insecure populations in the health care system.
55. Identify, work to address and resolve existing barriers to funding via Ontario Health Regions for First Nations, Inuit, Métis and urban Indigenous-led organizations (including the creation of new Indigenous health service providers), as well as other organizations delivering care to underserved populations.
56. Establish expectations and guidelines to provide access to French Language Health Services for Delivery Organizations and their contracting agencies that are not subject to the *French Language Services Act*.

Please note that Ontario Health is also required to implement the priorities related to long-term care that will be forthcoming from the Minister of Long-Term Care.

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Ontario Health, like all other agencies in Ontario, is accountable to the citizens of Ontario. I look forward to hearing how the above initiatives will be reflected in Ontario Health's Annual Business Plan, which will cover the period from April 1, 2024, to March 31, 2027, and on the agency's progress in the Annual Report, which will cover the period from April 1, 2024, to March 31, 2025. I also look forward to the Ministry and Ontario Health's continued collaboration in reporting on the agency's achievements through enhanced performance measurement to ensure clear accountability in advancing the Ministry's long-term plan for the health care system.

Should you have any questions or concerns, please contact Rhonda McMichael, Assistant Deputy Minister, Strategic Partnerships Division, at Rhonda.McMichael@ontario.ca.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones', with a stylized, cursive script.

Sylvia Jones
Deputy Premier and Minister of Health

c: Deborah Richardson, Deputy Minister, Ministry of Health
Matthew Anderson, President and Chief Executive Officer, Ontario Health
Anna Greenberg, Chief Operating Officer, Ontario Health
Alison Blair, Associate Deputy Minister, Health Integration and Partnerships
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