

Background and Implementation Overview of *Patients First Act, 2016*

February 22, 2017

Purpose

- To provide an overview of implementation planning for the *Patients First Act, 2016* with a focus on workforce transition planning.
- To provide an opportunity for discussion of the transition.

Goals of Patients First: Action Plan for Health Care

More Effective Service Integration, Greater Equity

- Care delivered based on community needs.
- Appropriate care options enhanced within communities .
- Easier access to a range of care services .
- Better connections between care providers in offices, clinics, home and hospital.

Timely Access to Primary Care, and Seamless Links Between Primary Care and Other Services

- All patients who want a primary care provider have one.
- More same-day, next-day, after-hours and weekend care.
- Lower rates of hospital readmissions; lower emergency department use.
- Higher patient satisfaction.

More Consistent and Accessible Home and Community Care

- Easier transitions from acute, primary and home and community care and long-term care.
- Clear standards for home and community care.
- Greater consistency and transparency around the province.
- Better patient and caregiver experience.

Stronger Links Between Population & Public Health and other Health Services

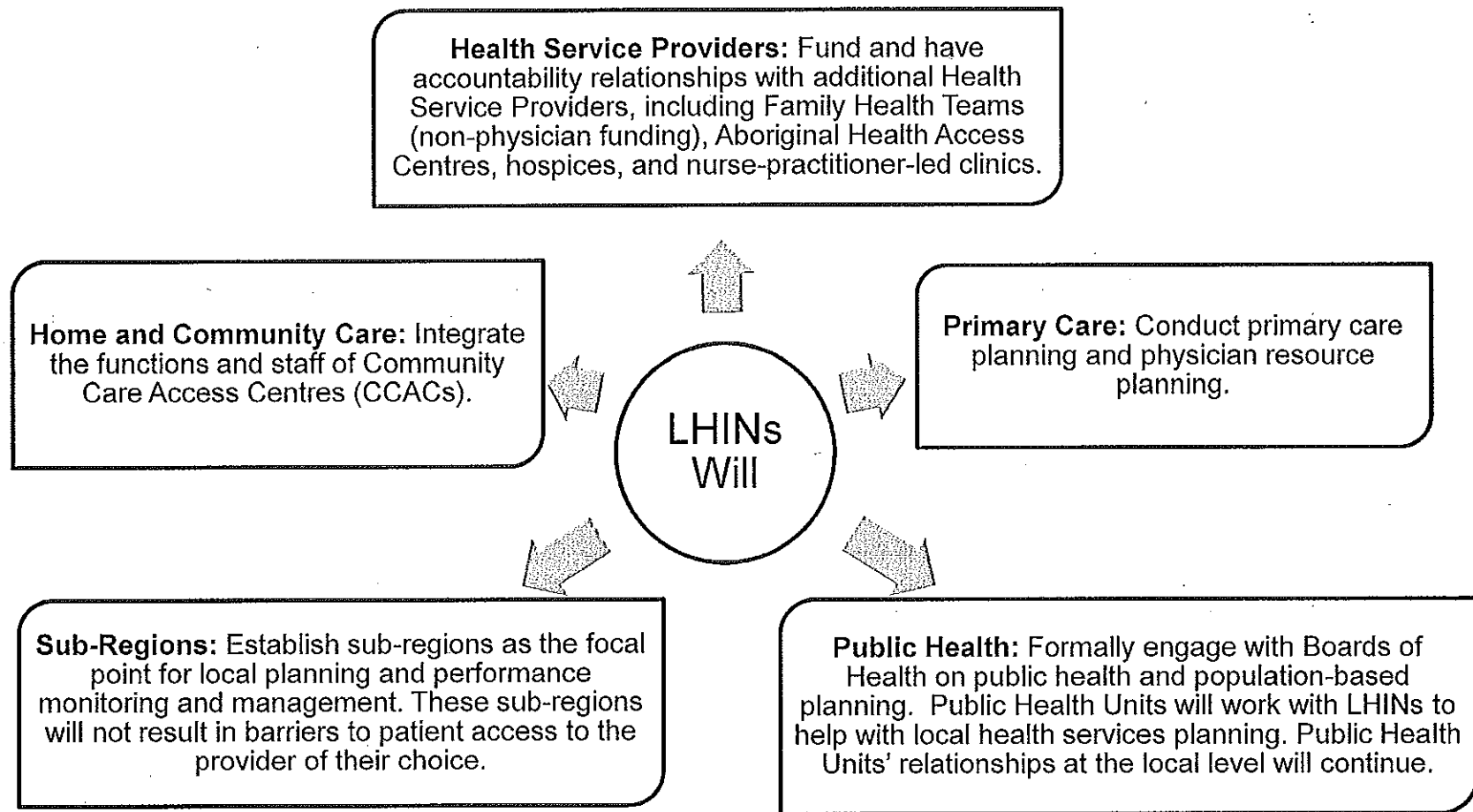
- Health service delivery better reflects population needs.
- Public health and health service delivery better integrated.
- Social determinants of health and health equity incorporated into care planning.
- Stronger linkages between disease prevention, health promotion and care.

Services that Address Needs of Indigenous People Across Ontario

- Strong Indigenous voices in system planning and service delivery.
- Better health outcomes for Indigenous peoples.
- Social determinants of health unique to Indigenous populations is incorporated into care planning.
- Culturally competent care delivery, incorporating traditional approaches to healing and wellness.

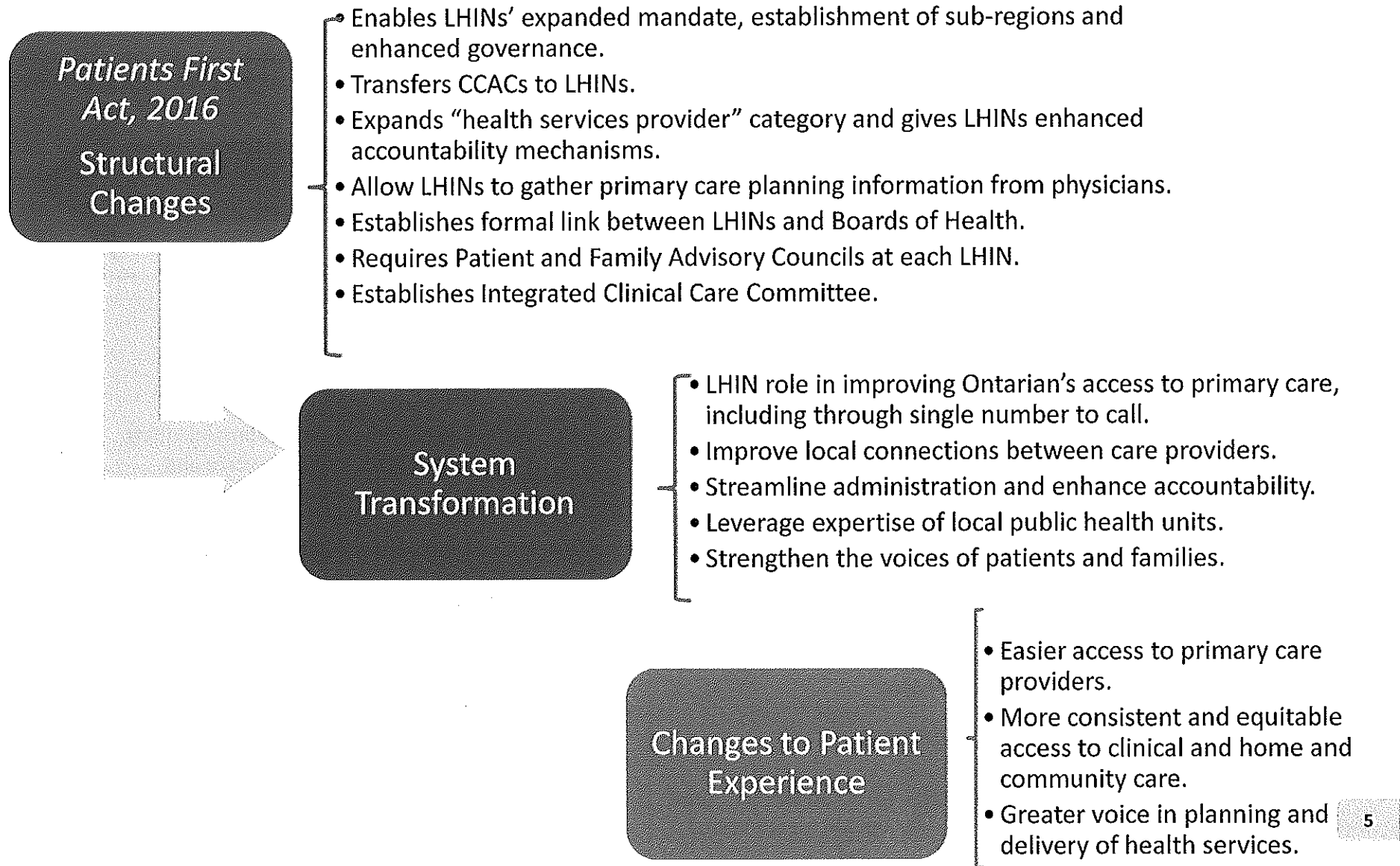
Patients First Health Care Model

After the implementation of the *Patients First Act, 2016*, LHINs will be a single regional point of integration and accountability for Ontario's health care system.

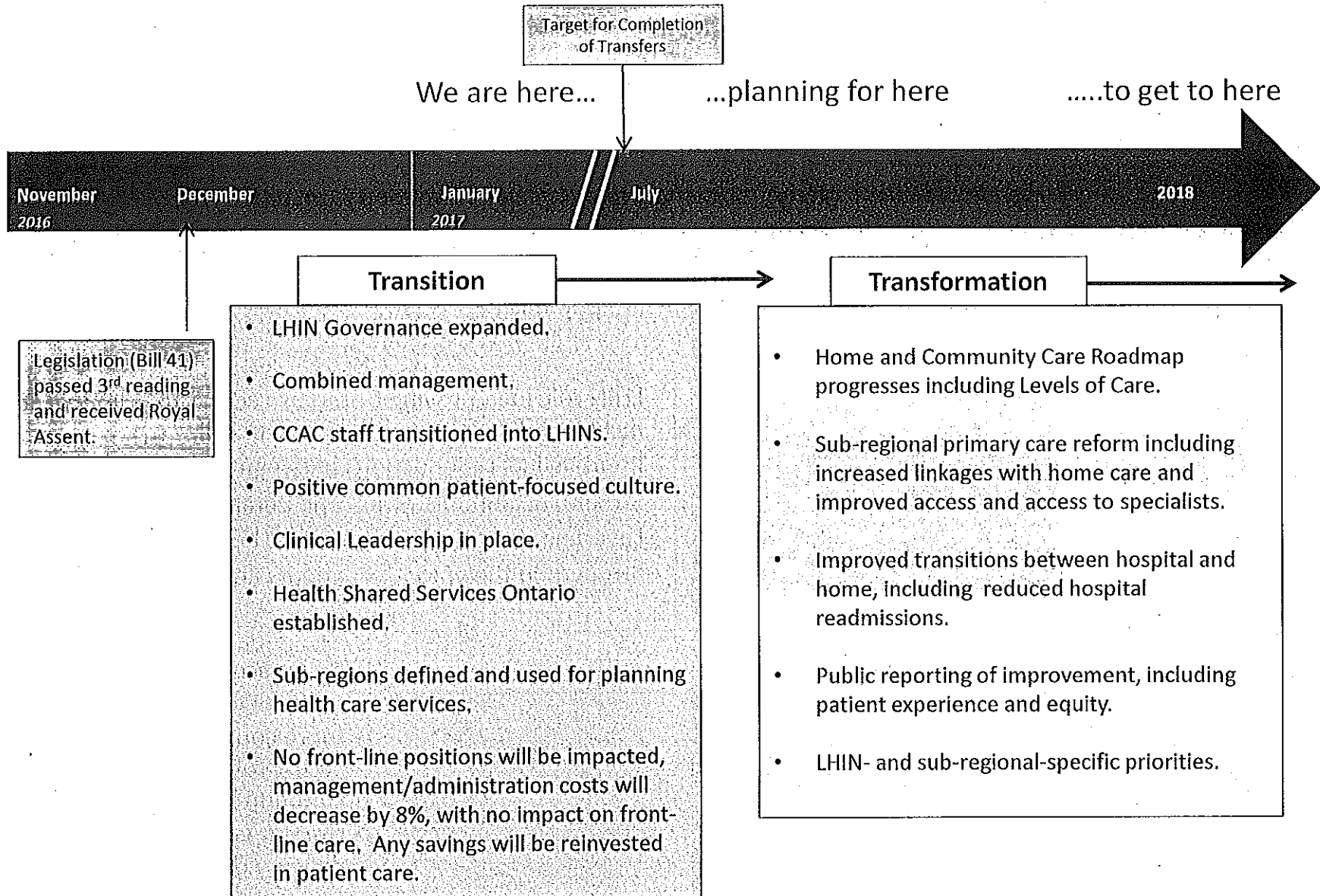


Details about the Patients First Act, 2016 are in Appendix 1.

Changes Enabled by *Patients First Act, 2016*

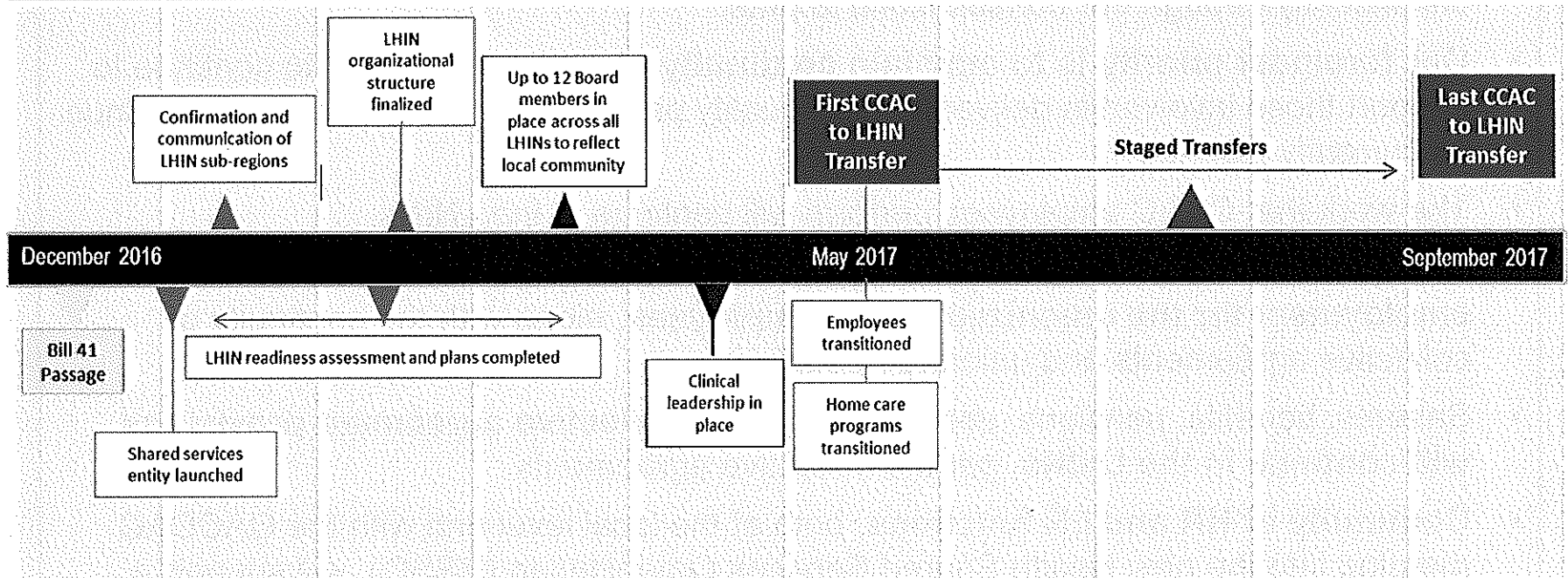


Through Transition Towards Transformation



Implementation Milestones: December 2016 - Fall 2017

Patients First Act, 2016: Planning for Implementation



Patients First – Employment

- The **employees of the CCACs will be integrated into the LHINs**. This was first stated in the December 2015 *Patients First* paper and has been confirmed consistently through our consultations to date.
- **Our foremost priority is to maintain continuity of patient care** and to continue to support those involved in delivering high quality patient care. All services will continue as currently planned.
- The work that CCAC employees perform will continue in the LHINs.
- To support the seamless transfer of operations, there will be **continuity of employment for the unionized CCAC employees**, along with the continuity of collective agreements and union representation.
- Salaries, benefits, pensions, seniority and other **collective agreement provisions will continue in the LHINs**, per the collective agreements.
- **Continuity of HR and LR functions**, both at the local level and with the OACCAC merging into the new Health Shared Services Organization (HSSO), will support a smooth workforce transition.
- **The LHINs and CCACs are developing a range of resources** to enable LHIN HR and LR staff to welcome CCAC employees into the LHINs, including a welcome package and training on public service requirements.
- **Continuing good union-management relations** are a focus of the transition.

Patients First – Employment (cont'd)

- The LHINs are creating combined management and administrative structures. There will be some efficiencies created when the two management and administrative structures are combined, where there are identical or similar roles, with targeted savings to management and administrative costs of 8%, to be reinvested in patient care.
- Transition of the first CCACs into the LHINs is targeted for May 1st.
- Current CCAC employees will only have one employer at a time. **AND:**
 - Local union-management relations will continue uninterrupted through the transition.
 - Local union representatives can continue to discuss grievances and other local issues with their current contact.
- Discussions regarding the LHIN employees that will be entering bargaining units following the transfer will take place at the local level.
 - LHINs believe they need to be the employers of the bargaining unit members before the discussion can take place.
 - Once the transition takes place and the organizations come together, the LHINs will be ready to discuss potential inclusions.
 - The process will be governed by the *Labour Relations Act*, with seniority to be determined by the dovetailing provisions of the *Public Sector Labour Relations Transition Act*.

Patients First – Regulatory Amendments

- The government has proposed making and amending a number of regulatory amendments under various Acts in order to support the implementation of the *Patients First Act*.
- The two proposed regulatory amendments with labour relations implications are:
 - A regulatory amendment under the *Pay Equity Act* (PEA) so that the Crown ceases to be considered the employer of LHIN employees for the purposes of the PEA.
 - This amendment is bundled with a number of other amendments in support of the *Patients First Act*, and can be accessed on the Regulatory Registry: <http://www.ontariocanada.com/registry/view.do?postingId=23713&language=en>
 - A regulatory amendment to remove LHINs from coverage under the *Crown Employees Collective Bargaining Act, 1993* (CECBA) so that they are instead subject to the *Labour Relations Act, 1995* (i.e., the labour relations regime that currently applies to the CCACs).
 - This amendment will not be included in the Regulatory Registry posting because CECBA is not a listed statute that is subject to these policies.

Patients First – Primary Care

- There is no current plan to change the care coordination model.
- While employed by the CCACs, care coordinators are deployed in multiple locations: main and regional CCAC offices, primary care settings, and hospitals.
- The Ministry has the following priorities for care coordination:
 - Sub-regional alignment of home care service provision.
 - Increased linkages with primary care.
- Further consultation is needed with a range of stakeholders to determine the best approach to the deployment of care coordinators.
- Any potential deployment would respect collective agreements.

Patients First – Health Shared Services Ontario (HSSO)

- To support the LHINs in their expanded mandate, the HSSO has been established to consolidate and enhance the services currently provided by the OACCAC, the LHIN Collaborative, and LHIN Shared Services Office.
- The HSSO will provide shared services to LHINs and CCACs, including:
 - HR management, including employee benefits and assistance.
 - LR and collective bargaining support.
 - IT and data management.
 - Logistics.
 - Finance and administration.
 - Procurement.
 - Communications and public relations.
 - Home and community care support and implementation, including support for policy development.
- The transfer of all staff into the HSSO is intended to take place on the same date, March 1, 2017.
- There is no plan for CCAC back office staff to transfer to HSSO.
 - The HSSO will consider options for service delivery in the future, in discussion with the LHIN CEOs.
 - Should there come to be any impact on bargaining unit employees in the CCACs, the bargaining agents would be advised and collective agreements would be honoured.

Questions and Answers

- What questions do you have regarding the transition?
- Are there any specific transition issues your members have raised?