

Health Transition Fund

General Information	
Lead Department	Health Canada
Partners	Joint effort between the federal, provincial and territorial governments; led by a Federal/Provincial/Territorial Working Group on the HTF consisting of one representative from the federal government and each province/territory for a total of 14 members.
Effective Date	Announced in the February 1997 budget; Secretariat for the Fund was created in June 1997.
Expiry Date	March 31, 2001
Web Site	http://www.hc-sc.gc.ca/htf-fass
Purpose	<ul style="list-style-type: none"> • to support innovations leading to a more integrated health system; • to support pilot and evaluation projects in four priority areas: home care, pharmacare, primary care and integrated service delivery; • to provide evidence that will help identify feasible approaches for reform and improvement; • to provide a basis for improving the delivery of health care services.
Roles and Contributions	<p>The HTF is operated as a joint effort between the federal, provincial and territorial governments through the F/P/T Working Group on the HTF. Recommendations for funding provincial and territorial projects were made bilaterally between the appropriate province or territory and the federal government. Funding decisions for national projects involved multilateral review and discussions among federal, provincial and territorial governments, and had to have, at a minimum, the support of the jurisdictions in which they took place and of the federal government. The HTF provided for up to 100% funding (i.e. no cost-sharing, however some projects did have other sources of funding).</p> <p>The federal/provincial/territorial partnership has been publicly communicated through a number of nationally-released documents (Information sheet, November 1997; call for proposals for National Projects, Spring 1998; HTF Brochure, August 2000); is currently being communicated through the HTF web site and a series of five regional workshops (April - June 2001) and will be communicated in a number of project synthesis documents and at a national wrap-up conference being planned for the Fall 2001.</p> <p>Public understanding and recognition of the federal government's role and contributions is not being tracked since the program ends in 2001.</p>

Resources							
Funding		1997/98 Actuals	1998/99 Actuals	1999/2000 Actuals	2000/2001 Estimated Actuals	2001/2002 Forecast	Total
	O&M	\$1,791.8	\$ 2,696.8	\$ 2,294.0	\$ 1,677.7	\$ 1,952.0	\$ 10,412.3
	G&C	0	\$22,145.0	\$45,500.4	\$40,806.7	\$26,869.0	\$135,321.1
	Total	\$1,791.8	\$24,841.8	\$47,794.4	\$42,484.4	\$28,821.0	\$145,733.3
	<p>The total forecasted spending of nearly \$146 M varies from the original HTF allocation of \$150 M largely due to a reduction in project spending due to late submissions of a number of project proposals.</p> <p>\$30 M was allocated to national projects and initiatives, and \$120 M was allocated to jurisdictions for provincial and territorial projects on an equal per capita basis. All HTF funding is from the federal government and may have been complemented in some projects by other sources.</p>						
Tracking and Reporting	Information on project funding is posted on the HTF web site.						
Measurement and Reporting							
Outputs and Outcomes	<p>Planned outputs: increased information and knowledge about the design and delivery of health care services through:</p> <ul style="list-style-type: none"> • final reports from each of the individual projects; • project fact sheets; • synthesis reports for each of the four priority areas and five additional theme areas, and a synthesis report addressing the overall results of the HTF projects; • dissemination activities by individual projects; • the HTF web site including an electronic notification system; • face-to-face briefings and presentations by the HTF Secretariat; and • a series of five regional HTF workshops and a national wrap-up conference. <p>Planned outcomes:</p> <ul style="list-style-type: none"> • short-term outcomes include: health care decisions based on new evidence; ongoing research and identification of areas which merit further study; • medium-term outcome is improved delivery of health care services; • long-term outcome is maintenance and improvement of the health of the people of Canada. 						

<p>Indicators</p>	<p>Measurement</p> <p>The outputs of the HTF may be measured in terms of the number and quality of: project final reports and dissemination activities (e.g. project fact sheets and newsletters); priority area/theme synthesis reports and overall results and HTF dissemination activities (e.g. HTF and non-HTF organized workshops and/or conferences).</p> <p>In measuring project outcomes, individual projects will evaluate models of care or approaches to service delivery based on an evaluation framework developed by the HTF. This framework includes the quality of services provided (satisfaction, technical appropriateness of intervention, appropriateness of health care provider); the accessibility of health services (waiting times, culturally and linguistically sensitive services, accessibility by gender, geographic location, and/or ethnic group); integration with other parts of the health system (mix of services, sharing information, evidence of mechanisms for integration/co-ordination); the health impacts on the service/target population (changes in morbidity, population perspective on changes to health status, and unanticipated results), cost-effectiveness, and transferability or generalizability of the model or program. Individual projects were also required to develop project-specific indicators for factors they are measuring.</p> <p>To measure the longer term outcomes of the HTF, it is necessary to determine the extent to which HTF project results are influencing decisions on the health care delivery system, and thus on the health of Canadians. Benchmarks and indicators will be developed as part of a final (impact) program evaluation of the HTF to measure the HTF's outcomes.</p> <p>Assessment</p> <p>Project-specific evaluations were mandatory and have been completed for each project.</p> <p>Health Canada's Program Evaluation Division in the Information, Analysis and Connectivity Branch (IACB) is coordinating an evaluation of the HTF program. This evaluation involves two stages: an interim evaluation which focussed on project selection, processes and lessons learned to date (undertaken in the Fall 2000/Winter 2001; still to be finalized); and, a final impact evaluation of the HTF model of collaboration and the extent to which HTF project results are influencing decisions related to health care delivery and, therefore, the health of Canadians (to be conducted in 2003).</p> <p>The HTF was audited by the OAG as part of the audit of the Federal Support of Health Care Delivery (Report of the Auditor General of Canada - November, 1999, chapter 29). The audit dealing with the HTF was relatively small, and focussed on compliance with the program's terms of reference as approved by the Treasury Board of Canada.</p>
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	To ensure that funds are being used in the approved manner, the HTF is conducting a number of compliance audits on selected HTF projects.
Evaluation/Third Party Assessments	Evaluation methods proposed in the draft framework for the impact evaluation will incorporate the perspectives of third parties into the response to the evaluation issues. In particular, the methods proposed that will provide third party assessments are the stakeholder interviews, expert interviews and the case studies.
Shared Information and Best Practices	Information is being shared through the HTF's National Synthesis and Dissemination Strategy. Individual projects are responsible for sharing their own results; at a national, aggregate level, the HTF Secretariat is undertaking various activities including publications, events and analytical syntheses of project results. Outcomes will be addressed by the final evaluations of the HTF as a program.
Public Reporting	As noted above, individual projects are responsible for disseminating their results. All HTF publications are made available on the HTF website, which includes a subscriber function for those wishing to receive notification of the availability of new products. Hard copy may also be requested. Information arising from the evaluation of the HTF as a program is available through the usual channels for such products.
Involving Canadians	
Provisions for Citizens to Participate in Developing Social Priorities and Reviewing Outcomes	Opportunities for citizen engagement include(d): 1) the two major conferences held by the HTF in 1998; 2) five regional workshops currently being held across the country; 3) a national wrap-up conference being planned for the Fall 2001; and 4) project information distributed by mail or via the web-site. Also, a consultation process was conducted to inform the design of the dissemination strategy.
Feedback Mechanisms to the Public	At the individual project level, many initiatives involved public consultations and were designed accordingly. At the aggregate level, public consultations informed the national synthesis and dissemination strategy.
Service Commitments	
Public Availability of Eligibility Criteria	Program criteria are posted on the HTF web site.

Existence and Availability of Service Commitments	<p>Most of the HTF's contacts are with the organizations to which it has provided funding, rather than to the general public. Mutual responsibilities and obligations are set out in a standard contribution agreement, including procedures for dispute resolution.</p> <p>The HTF's website is its main vehicle for communicating information generated by the program to the public. The website includes a feedback survey.</p>
Measurement and Public Reporting	Not applicable ¹
Appeals and Complaints	
Existence, Availability and Communication of Mechanisms	<p>With regard to HTF project proponents – see above regarding dispute resolution mechanism in the HTF contribution agreement.</p> <p>With regard to public complaints -- any complaints regarding access and service or unfair administrative practices can be lodged through the federal minister/deputy minister's office, provincial/territorial governments or through direct contact with the HTF Secretariat by telephone, fax or email and would be addressed accordingly.</p> <p>To date, the dispute resolution mechanisms of the HTF contribution agreement have never been invoked, and given that the program is nearing its conclusion it appears unlikely that they ever will be. When areas of concern have arisen with individual projects, they have been dealt with on a bilateral basis. When issues of general application were identified, the HTF Secretariat has communicated them to all proponents - for example, in August 1999 a "mid-term communication" was sent to all recipients clarifying issues to do with financial reporting, etc.</p> <p>With regard to public feedback on the website – to date, this has been very positive and has not included suggestions for changes etc. In the event of such changes being proposed, they would be given due consideration.</p>
Tracking and Public Reporting	Not applicable ¹ – to date there have been no formal complaints lodged.
Mobility	
Residence-based barriers to mobility	Not applicable ¹ - Eligible recipients for HTF funding are provincial/territorial governments, federal departments and other organizations such as universities, researchers, health districts/authorities, etc. and not individual persons receiving health services. Therefore, the issue of barriers to mobility is not applicable.
Barriers to labour mobility	Not applicable ¹ ; see above

Measures/Practices being employed to eliminate barriers	Not applicable ¹ ; see above
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¹Not applicable: when the section does not apply.