## **Proposed Health System Improvements Bill**

Ministry of Health and Long-Term Care Technical Media Briefing December 12, 2006



### **OVERVIEW**

Spokesperson: Alison Pilla

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**Ministry: MOHLTC** 



### **Introduction and Context**

The amendments in this proposed bill would reinforce and enhance the health system by:

- promoting greater accountability with a new medical billing review process and review board
- better protecting patients with increased transparency and effectiveness in how health profession colleges operate
- promoting public health
- increasing patient access to services and creating new health professions' colleges
- shaping and supporting Ministry programs and services

### **Benefits to Ontarians**

- Modernized health professional regulatory system in Ontario —
  through proposed amendments to the Regulated Health
  Professions Act and creation of new regulatory colleges to
  make Ontario an employer-of-choice
- Focused expertise in public health system through bringing academic, clinical and government experts together in a new public health agency
- Revised medical review audit process and new review board for doctors in response to former Justice Peter Cory's Report, to restore physicians' confidence in the fairness of the audit system and to continue to provide accountability to the public for physician payments

## **Benefits to Ontarians (cont'd)**

- Increased infectious disease management/control & emergency preparedness — through reform of Health Protection and Promotion Act
- More effective health service provision through a centrally operated air and land ambulance system to manage transfers of critically ill patients between health care facilities
- Providing civil liability protection to users of portable heart defibrillators and owners who make defibrillators available on their premises
- Transfer oversight of Small Drinking Water Systems from Ministry of Environment to Ministry of Health and Long-Term Care

# **Strengthening Public Health**

Spokesperson: Dr. George Pasut
Acting Chief Medical Officer of Health
Ministry: MOHLTC



#### **Ontario Agency for Health Protection and Promotion Act**

- Ontario's first arms-length public health agency
- Post SARS, several reports called for a public health agency for Ontario
- As a centre for specialized research and knowledge of public health, the proposed agency would specialize in areas of infectious disease, infection control and prevention, health promotion, chronic disease and injury prevention, and environmental health
- Academic, clinical and government experts to come together to create a centre of public health excellence in the province
- Providing specialized scientific and technical advice and support to government, frontline health care workers and public health units
- In emergencies, the agency staff could provide hands on-expertise and support emergencies could range from localized outbreaks to provincial emergencies such as pandemic flu

# **Proposed Health Protection and Promotion Act Amendments**

- Amending the Health Protection and Promotion Act (HPPA) would strengthen Ontario's public health system by incorporating recommendations from the Second Interim Campbell report on SARS
- Review and updating of this Act is the most comprehensive in 20 years
- Public health officials would have the necessary powers and authority to prevent an immediate risk to human health, such as a public health emergency, from escalating into a provincial emergency.

## **Proposed Amendments (cont'd)**

- The proposed amendments are intended to strengthen infectious disease management and control by:
  - Authorizing the Minister of Health and Long-Term Care, where the CMOH certifies that an immediate risk to human health exists, to procure, acquire or seize medications and supplies (subject to reasonable compensation) essential for safeguarding human health when regular supply and procurement processes are unable to meet the need
  - Additional powers for the Chief Medical Officer of Health where he/she believes there is a public health risk, to:
    - order health care providers to provide information required to help the CMOH investigate and manage risks to human health
    - issue directives to health care providers concerning precautions and procedures, and
    - collect, retain and use pre-existing laboratory specimens to investigate, eliminate or reduce the risk to health

## **Proposed Amendments (cont'd)**

- Additional powers for Medical Officers of Health to:
  - issue orders for monitoring, investigating and responding to a communicable disease outbreak in hospitals or institutions; and
  - notify a hospital or institution where a communicable disease may have been acquired but not previously reported

# Proposed Amendments (cont'd)

The proposed amendments are intended to strengthen public health service delivery by:

- Creating an Associate Chief Medical Officer of Health position
- Chief Medical Officer of Health could appoint Medical Officers of Health and Associate Medical Officers who could go to a specific part of the province in the event of a risk to the health of the public
- Enabling nurse practitioners to be more involved in infectious disease management and control (e.g. reporting to the Medical Officer of Health patients with a reportable disease, examining persons in detention, and prescribing drugs for sexually transmitted diseases)

# **Proposed Transfer of Responsibility for Small Drinking Water Systems from MOE to MOHLTC**

- Responsibility for assessing and inspecting non-residential and seasonal residential drinking water systems would move from the Ministry of the Environment to the Ministry of Health and Long-Term Care and public health units
- Examples of these water systems bed and breakfasts, churches, community centres, private cottages, municipal airports, motels, resorts and gas stations
- The Ministry of the Environment conducted consultations with drinking water experts, stakeholder groups, and system owners and operators and found a preference for public health units to oversee small drinking water systems, and for a regulatory approach that would be flexible enough to take the conditions of each individual system into account

# **Modernizing Health Professional Regulation**

Spokesperson: Dr. Joshua Tepper
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Ministry: MOHLTC



### Amendments would Support HealthForceOntario

Proposed amendments to the Regulated Health Professions Act (RHPA) to support *HealthForceOntario* - Ontario's Health Human Resources Strategy

- 1. Regulate Four New Professions
  - a. Naturopathy
  - b. Homeopathy
  - c. Psychotherapy
  - d. Kinesiology
- 2. Increase Access to Health Professionals
  - a. Optometrists could write prescriptions for certain eye conditions
  - b. Dental hygienists could work independently
  - c. Pharmacy technicians would be established
  - d. Pharmacists would be able to fill prescriptions from other Canadian jurisdictions

### Amendments Would Support HealthForceOntario

- 3. Increase Efficiency and Transparency of regulatory colleges:
  - a. Streamline many functions into a single "Inquiries, Complaints and Reports Committee"
  - b. Give Colleges the freedom to confirm publicly whether a member is under investigation where the public may be at risk currently not permitted to comment on investigations
  - c. Health colleges would now provide greater public access to information regarding their members
  - d. It could immediately suspend a member, on a temporary or "interim' basis and without notice, if an investigation determines an individual could be a very serious public risk.
- 4. Better HHR data collection for planning
- 5. Promote inter-professional practice and team based care

# **Auditing Physician Billings**

Spokesperson: Susan Fitzpatrick
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Ministry: MOHLTC



# **Auditing Physician Billings**

- A revised audit process and new review board to examine physician billings
- Based on recommendations from Justice Peter Cory's report, and after consultation with the Ontario Medical Association
- The revised audit process would involve a four-phase approach with progressive interventions that may lead to the new review board
- The focus is on education and prevention with more assistance to physicians on how to submit accurate claims
- The new independent review board would conduct formal hearings with panels comprised of three physicians and one public member
- A Joint Committee on the Schedule of Benefits would help resolve matters before they reached the review board
- Appeal may be made directly to the divisional court

# **Proposed Amendments to the Ambulance Act**

Spokesperson: Malcolm Bates
Director of Emergency Health Services
Corporate and Direct Services Division
Ministry: MOHLTC



# Integrated air and land ambulance system for critical care patient transfers

- Proposed amendments to the *Ambulance Act* would enable a new integrated air and land ambulance system to manage transfers of critically ill patients between health care facilities
- Ornge, a not-for-profit organization, which operates Ontario's air ambulance services, would operate the proposed new system:
  - To improve patient safety, provide faster transfers, cause less strain on hospital resources and reduce demands on local ambulance services
  - To make municipal ambulances better able to respond to emergency calls in communities
  - To improve patient flow in critical care units, operating rooms and other areas of the hospital by not requiring specialized staff (respirologists, doctors, critical care nurses) to accompany critical care patients during transfers

### **Portable Defibrillators**

Spokesperson: Alison Pilla
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Ministry: MOHLTC



#### **Chase McEachern Act (Heart Defibrillator Civil Liability)**

- Promote installation and use of public automated external defibrillators in emergency situations by providing liability protection to:
  - Individuals, acting in good faith, for any damages that may occur from the use of the defibrillator (except where the individual is a health care professional in a health care facility)
  - Owners and occupiers of public premises with a defibrillator (except a health care facility) for any harm that may occur from the use of the defibrillator, as long as it is properly maintained