

Public version

**Patients First:  
A Proposal to Strengthen Patient-Centred Health Care in Ontario**

**Response of the Regroupement des Entités de planification des services de santé en français de l'Ontario**

**Introduction**

After issuing its *Patients First* discussion paper on December 17, 2015, the Ministry of Health and Long-Term Care invited agencies and the public to provide their comments and suggestions.

The Regroupement des entités de planification des services de santé en français de l'Ontario is therefore sharing its reflections and recommendations regarding the coming reform with the objective of ensuring that Francophones have equitable access to health care.

The Regroupement welcomes the transformation of the health system as presented in *Patients First*. Expanding the LHINs' mandate will promote greater coordination of local health system planning and integration. Primary care will thus be able to fully play its role of gateway to the rest of the health system, leading to improved coordination of patient care. Community and home care will be made more accessible, thanks in particular to the deployment of care coordinators into community settings. LHIN collaboration with public health units will encourage a population and holistic approach to health.

However, we see an issue with the home care service coordination and delivery role that would henceforth be entrusted to the LHINs. The LHINs would be responsible for both system planning and service coordination and delivery for a major sector of the health system. They would be both judge and party, which would create a risk of conflict of interest.

The Regroupement also welcomes the explicit inclusion of Franco-Ontarians in the paper and the acknowledgement by the Ministry that they "are not always well-served by the health care system". The Entities support the Ministry's statement, "To meet their needs, and improve their patient experience and health outcomes, we must ensure that the health care system is culturally sensitive and readily accessible in French". The literature shows that being a minority Francophone is a determinant that has a negative impact on health. The negative effect of language barriers on the quality and safety of health care has been clearly demonstrated (Appendix 1).

In its response to *Patients First*, the Regroupement would like to emphasize the need to include specific provincial structural conditions for the Francophone population in this reform. It has thus made specific recommendations for the planning and implementation of each of the Ministry's four proposals.

**Create structural conditions provincially that will make this reform work for Francophones**

The coming reform represents a profound transformation of Ontario's health care system. It is therefore essential that the Ministry create the conditions that will enable the changes proposed in *Patients First* to be successful for the Francophone population. Implementation of these structural conditions is necessary to achieve equitable care for Francophones. The conditions under which this reform is implemented are fundamental and will determine whether the transformation of the system has a positive or negative effect on the Francophone community.

## 1. Strengthen the legislative framework for French language health services in Ontario

The discussion paper clearly says that in order to achieve the structural changes proposed by the Ministry, it will be necessary to make changes to the legislative framework. MOHLTC has indicated that at least four acts will be updated, the *Local Health System Integration Act, 2006*, the *Community Care Access Corporations Act, 2001*, the *Home Care and Community Services Act, 1994*, the *Health Protection and Promotion Act*.

These legislative changes represent a unique opportunity for the Ontario government to:

- Demonstrate its will to ensure equitable access to quality health care for all Ontarians;
- Affirm its commitment to the health of Francophone communities;
- Clarify and strengthen the roles and responsibilities of the various actors with respect to planning of French language health services and Francophone engagement (particularly the Ministry, the LHINs and the French language health planning entities).

The Regroupement has sent the Ministry some suggestions for changes to LHSIA and Regulation 515/09 under this Act.

Similarly, it would be essential to undertake a rigorous analysis of other elements of the legislative framework, particularly with regard to public health units' obligations around French language services, the *Community Care Access Corporations Act* and the regulation on provision of French language services on behalf of government agencies, etc.

[Recommendation 1: Incorporate the Regroupement's suggestions in LHSIA and Regulation 515/09.](#)

[Recommendation 2: Strengthen and clarify the roles, responsibilities and obligations of the various actors around French language services in the other legislation that will be amended as part of this reform.](#)

## 2. Strengthen provincial and regional French language health services structures in Ontario

The Regroupement takes a very positive view of the Ministry's commitment to pursue discussions with its Franco-Ontarian partners "to determine how best to adapt system structures to provide effective person-centred care".

LHSIA, with the creation of the Minister's French Language Health Services Advisory Council and the French language health planning entities, was heading in the right direction. Nevertheless, implementation of a reform of such magnitude will require strengthening these structures both provincially and locally to achieve equitable care for Francophones.

Appointment of an Assistant Deputy Minister responsible for French language services at MOHLTC, a recommendation previously made in the *Livre blanc sur les assises de la santé en français en Ontario*, published in October 2014, would ensure that the Francophone population's expectations are taken into account at every step in implementation of the reform. It would also give Francophone organizations an accountable interlocutor with the capacity to act within the Ministry.

Such an assistant deputy minister responsible for French language services within the Ministry and the health system as well as various divisions of the Ministry will need operational support to carry out this work. The Regroupement des entités has already started to play this role informally and would like to see the role formalized. This would ensure that the knowledge and expertise of the entities and their French language health services partners are fully used by the Ministry and that the needs of Francophones remain a central concern.

Regionally, the expansion of the role of the LHINs implies the expansion of the role of the French language health planning entities to be consistent with the achievement of equitable care for Francophones.

[Recommendation 3: Appoint an assistant deputy minister responsible for French language services within MOHLTC.](#)

Recommendation 4: Formalize the advisory role of the Regroupement des entités with the various Ministry divisions as a complement to the role of the Minister's French Language Health Services Advisory Council.

Recommendation 5: Expand the planning entities' mandate in light of the transformation of the LHINs' mandate in order to align them and give the entities the means to carry out this mandate.

***Emerging best practices:***

- *The Regroupement's work with the Capacity Planning and Priorities Branch (CPP) on two initiatives: dementia capacity planning and Health Links development.*
- *The Regroupement's work with HQO on health equity.*

**3. Ensure that data collection includes linguistic identity and enables quantification of offer, demand and utilization of French language health services**

In a context where system planning decisions are evidence-based, access to data on the needs of Francophone populations and the system's capacity to offer services in French is essential for equitable planning of health services for Francophones.

In addition, development of a patient-centred health system presupposes there is a capacity to identify the individual characteristics that define their needs, in particular, their language.

Furthermore, without collecting data on linguistic identity, it is impossible to measure the impact of the reform on Francophones' access to different health services and their health status.

Recommendation 6: Ensure that data on patients' linguistic identity is collected across the province, preferably through the health card.

Recommendation 7: Ensure that data is collected on the system's capacity to offer French language health services using a provincially standardized tool.

***Emerging best practices:***

- *Linguistic identity data collection project in 20 hospitals in the Champlain and South-East areas in collaboration with CIHI, the LHINs and MOHLTC.*
- *Tools developed by the French Language Health Services Network of Eastern Ontario that make it possible to collect data on providers' capacity to offer French language health services is currently in the implementation phase in three of the province's LHINs.*

***Patients First Proposals***

**N° 1.1: To provide care that is more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.**

The Regroupement supports expansion of the LHINs' responsibilities for the planning and performance of all health services. Expanding the LHINs' mandate will promote greater coordination of local health system planning and integration, including for French language health services.

This change in the LHINs' mandate and responsibilities will directly impact the entities' mandate and responsibilities. Working closely with the LHINs on the planning of French language health services, the planning entities will in fact see

their mandate and responsibilities evolve along the same lines. The planning entities will have a central advisory role to play to ensure local implementation of the reform respects the principle of equitable access to care for Francophones.

In addition, for the desired outcomes identified by MOHLTC to be achieved, it will be necessary to set up an accountability structure for the planning, implementation and performance evaluation of French language services. There must be accountability for French language services and it must be clear at two levels: between the Ministry and the LHINs and between the LHINs and health service providers.

[Recommendation 5: Please note that recommendation 5 also aligns in here.](#)

[Recommendation 8: Clearly define the obligations and include French language services indicators in the accountability agreements between MOHLTC and the LHINs and in those between the LHINs and health service providers \(particularly in the primary, home and community care sectors under transformation\).](#)

## **No 1.2: Identify smaller sub-regions as part of each LHIN to be the focal point for local planning and service management and delivery.**

Health service planning at the LHIN sub-region level will enable better health care planning, coordination and integration. However, in order for sub-region planning to have a positive impact on access to French language health services, it is essential that the planning include a French language services strategy. Just as French language health services strategies must be developed in conjunction with the LHINs' IHSPs, the planning work at the sub-region level (capacity analysis, strategy development, etc.) must include a component on French language services and must be identified as one of the LHINs' responsibilities.

Furthermore, in order to facilitate implementation of these strategies and consideration of Francophones' needs, it will be necessary to ensure Francophone representation within the governance structures of these sub-regions.

Finally, in view of the minority status and geographical dispersion of Francophone communities, as well as the limited French language services resources, it is imperative that the existence of sub-regions does not become an obstacle to development of or access to French language health services.

[Recommendation 9: Ensure Francophone representation within governance structures at both the LHIN and sub-LHIN levels.](#)

[Recommendation 10: Clearly establish the existence of sub-regions must not hinder the development of innovation solutions for French language services or constitute an additional barrier to access to French language health services.](#)

## **N° 2: Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.**

Effective and efficient primary care is essential for improvement of health outcomes, especially in the case of minority Francophones, who are already disadvantaged in terms of their health status (Appendix 1). Bringing primary care planning closer to the communities where services are delivered will enable it to fully play its role of gateway to the rest of the health system, leading to improved coordination of patient care. Franco-Ontarians have clearly told us that having access to or knowing how to find a family doctor or a nurse practitioner with whom they can engage in French, is of paramount importance. Such French-speaking "Medical Hubs" improve care coordination across the continuum and navigation between different components of the health system, with language being systematically taken into account.

Nevertheless, for primary care to fully play this coordination and system navigation role for Francophones, certain conditions must be put in place:

- Identification of Francophone patients: Have a provincial mechanism for identifying patients' linguistic identity
- Provider capacity: Ensure collection of data on the capacity of primary care providers to offer French language health services
- Community engagement: Engage the Francophone community when defining local implementation strategies
- Governance: Ensure that primary care governance structures are representative of the Francophone population
- Accountability and performance indicators: Clearly define the obligations and include indicators for French language services in accountability agreements between the LHINs and primary care providers

Implementation of these conditions will enable rigorous planning of primary care services in French and the development of a primary care strategy that is equitable for Francophones. With these conditions in place, the LHINs will also be able to fulfill their responsibility "for understanding the unique needs of Franco-Ontarians".

[Recommendation 11: Put in place the conditions set out in section No 2 for careful planning of primary care that considers Francophones' needs, providers' capacity to offer French language services, Francophone representation and accountability for French language services.](#)

[Recommendation 12: Put in place a mechanism for referring Francophone patients to primary care providers able to serve them in French.](#)

### **N° 3: Strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the Community Care Access Centres (CCACs) to the LHINs.**

Stronger accountability and better integration of home and community care will encourage better care coordination for the entire population, including Francophone communities.

Access to home and community care in French is especially important because it affects mostly seniors, people with chronic illnesses or mental health issue and those with complex needs. The impact of language barriers on the quality of care for these populations is undeniable.

Strengthening accountability and integration of home and community care for French language services means that certain conditions must be put in place:

- Identification of Francophone patients: Have a provincial mechanism for identifying patients' linguistic identity
- Provider capacity: Ensure collection of data on the capacity of home and community care providers
- Community engagement: Engage the Francophone community when defining local implementation strategies
- Governance: Ensure that home and community care governance structures are representative of the Francophone population
- Accountability and performance indicators: Clearly define the obligations and include indicators for French language services in accountability agreements between the LHINs and home and community care providers

Furthermore, the transfer of responsibilities from the CCACs to the LHINs must take into account the CCACs' existing French language services obligations. Some CCACs are designated under the *French Language Services Act* and all of them have French language services obligations, including designated positions. In each region, it would be important to consider the needs of Francophones and work in collaboration with the planning entities in the transfer of CCAC staff and resources.

It is also important to note that ensuring that the system is "readily accessible in French" requires supporting the development of innovative models that take account of the minority context and the limited number of French-speaking human resources (navigators, new technologies...).

Finally, as we have already mentioned, we see a potential conflict of interest with the accumulation of the planning, coordination and service delivery functions by the LHINs in the home care sector.

[Recommendation 13: Put in place the conditions set out in section No 3 for careful planning of home and community care that considers Francophones' needs, providers' capacity to offer French language services, Francophone representation and accountability for French language services.](#)

[Recommendation 14: Retain the CCACs' French language services obligations through either legislation or accountability agreements.](#)

[Recommendation 15: Ensure optimization of the offer of French language health services in the transfer of CCAC responsibilities to the LHINs, particularly with regard to the deployment of bilingual resources in community settings](#)

#### **N° 4: Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.**

A population planning approach both provincially and locally will have important benefits for the health system now and in the future. Bringing aspects of public health like promotion, prevention and screening closer to aspects covered by the LHINs opens the door to a more holistic approach to health, one that pays greater attention to the social determinants of health.

Integration of the data collected by public health with that collected by the LHINs and use of this range of data for health system planning represent significant advances for health service planning. However, for these benefits to impact the Francophone population, the data must include the linguistic variable.

In its paper, the Ministry clearly sets out the problems with access and the health disparities faced by certain populations, including Francophones. In order to measure progress in this area, it would be interesting for the Ministry to mandate HQO to evaluate and publish an annual report on health equity issues.

[Recommendation 16: Ensure that accountability for the planning and performance of French language services be clearly and explicitly dealt with in the formalization of linkages and in the accountability agreements between all of the LHINs and the public health units.](#)

[Recommendation 17: Ensure that health service planning for the Francophone population is based on analyses of public health and LHIN data regarding francophone needs, determinants of health and French language service availability.](#)

[Recommendation 18: Identify the determinants that have a negative impact on the health outcomes of Francophone populations across the province and develop strategies to address them with health system partners.](#)

[Recommendation 19: Mandate HQO to evaluate the Francophone aspect of progress made with respect to equity and to publish this report.](#)

## **Conclusion**

The Regroupement welcomes the health system transformation presented in *Patients First* and is pleased with the strong emphasis on the principles of equity and patient-centred health system planning.

The proposed reform will foster improved care coordination for the patient and an approach to health that acknowledges the importance of the social determinants of health. Both of these elements are of crucial importance for Francophone communities that, in addition to coping with the challenges faced by all Ontarians in dealing with a complex and fragmented system, must also contend with cultural and language barriers when accessing care.

Whether this reform is a success for Franco-Ontarians will depend on the conditions under which it is implemented both provincially and locally. The 19 recommendations we have presented outline these conditions for the Francophone

community. We reiterate that these conditions are fundamental to the success of this reform, that is, to really putting patients first and improving equity of access to care for all, including Francophones.

The Regroupement des entités and every one of the French language health planning entities are ready to support the work of the Ministry and the LHINs and to help make this reform a success.

## List of Recommendations

### **Create structural conditions provincially that will make this reform work for Francophones**

Recommendation 1: Incorporate the Regroupement's suggestions in LHSIA and Regulation 515/09.

Recommendation 2: Strengthen and clarify the roles, responsibilities and obligations of the various actors around French language services in the other legislation that will be amended as part of this reform.

Recommendation 3: Appoint an assistant deputy minister responsible for French language services within MOHLTC.

Recommendation 4: Formalize the advisory role of the Regroupement des entités with the various Ministry divisions as a complement to the role of the Minister's French Language Health Services Advisory Council.

Recommendation 5: Expand the planning entities' mandate in light of the transformation of the LHINs' mandate in order to align them and give the entities the means to carry out this mandate.

Recommendation 6: Ensure that data on patients' linguistic identity is collected across the province, preferably through the health card.

Recommendation 7: Ensure that data is collected on the system's capacity to offer French language health services using a provincially standardized tool.

### **Proposal 1.1: To make care more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.**

Recommendation 5: Please note that recommendation 5 also aligns here.

Recommendation 8: Clearly define the obligations and include French language services indicators in the accountability agreements between MOHLTC and the LHINs and in those between the LHINs and health service providers (particularly in the primary care and community sectors under transformation).

### **Proposal 1.2: Identify smaller sub-regions as part of each LHIN to be the focal point for local planning and service management and delivery.**

Recommendation 9: Ensure Francophone representation on governance structures at both the LHIN and sub-LHIN level.

Recommendation 10: Clearly establish that the existence of sub-regions shall not hinder the development of innovation solutions for French language services or constitute an additional barrier to access to French language health services.

### **Proposal 2: Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.**

Recommendation 11: Put in place the conditions set out in section No 2 for careful planning of primary care that considers Francophones' needs, providers' capacity to offer French language services, Francophone representation and accountability for French language services.

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Recommendation 15: Ensure optimization of the offer of French language health services in the transfer of CCAC responsibilities to the LHINs, particularly in the deployment of bilingual resources in the community

**Proposal 4: Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.**

Recommendation 16: Ensure that accountabilities for the planning and performance of French language services be clearly and explicitly dealt with in the formalization of linkages and in the accountability agreements between all of the LHINs and the public health units.

Recommendation 17: Ensure that health service planning for the Francophone population is informed by analyses of the Francophone segment in public health and LHIN.

Recommendation 18: Identify the determinants that have a negative impact on the health outcomes of Francophone populations across the province and develop strategies to address them with health system partners.

Recommendation 19: Mandate HQO to evaluate the Francophone aspect of progress made on equity and publish this report.

## APPENDIX 1

### References:

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