Health System Capacity Planning: Strengthening Health Care for Ontario’s Future

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Prepared for:
The Ministry of Health and Long-Term Care (MOHLTC)

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**Executive Summary**

As Ontario’s health system faces significant demographic and fiscal challenges, the Ministry of Health and Long Term Care (MOHLTC) has decided to embark on a long term capacity planning process to guarantee health care excellence and sustainability well into the future. Capacity planning for the health system will require dedicated leadership, drawing on the commitment of both the Ministry and Political partners to set the overall direction of the healthcare system. The success of the planning process will also depend on the thoughtful engagement of key health sector players and the public, and a commitment to ensuring that rigorous analyses of data drives the planning and performance management of the system.

As a first step to kick off this process, a stakeholder engagement exercise including all of the Local Health Integration Networks (LHINs) and key health provider organizations occurred in Toronto on June 26th, 2015, facilitated by the Women’s College Hospital Institute for Health Systems Solutions and Virtual Care (WIHV). This discussion paper is an encapsulation of that symposium along with a review of key literature. Consensus at the end of the symposium suggested the following were the key elements of success to a long term capacity planning exercise.

1) **Develop a long-term, aspiration vision.** At the root of successful capacity planning is agreement about the broad goals the planning process is intended to achieve. Instead of focusing on more granular goals within specific sectors initially, first steps should include articulating a long-term vision focused on improvements in population health, thereby gaining support across a variety of stakeholder groups.

2) **Clear and visible leadership.** The vocal and visible dedication of key leaders, including clear political support, is essential to ensuring adequate stakeholder engagement and confidence in capacity planning.

3) **Continuous and committed stakeholder engagement across sectors.** Capacity planning must also meet the needs of the many stakeholders involved in health care in Ontario. This means that the party responsible for planning will have to model an open, respectful, trusting attitude that will underpin the planning process.

4) **Commitment to making patients and the public central to planning.** Building on Ontario’s Action Plan for Health Care, patients and the public must be central to the planning process. Inviting patients to participate in committees and working groups, and developing a communications plan focused...
specifically on informing and engaging the public, will help to ensure capacity planning remains focused on the needs of patients.

5) Building data and analytics infrastructure to support intelligent capacity planning. Clarity in the vision driving capacity planning needs to be supported by outcome metrics that are measurable and available to represent progress. Metrics for determining successful capacity planning should represent both (a) outcomes (e.g., actual improvements in population health), and (b) processes (e.g., formal mechanisms in place to engage the public in province-wide capacity planning). This data needs to be rigorously collected and analyzed, and made systematically available to stakeholders.

6) Reviewing and revising existing policy as relates to long-term capacity planning. In the process of planning for a health system that is more integrated across sectors and across the continuum, a number of existing policies may need to be revised to better support collaboration. This may require changes to existing legislation and regulations that lead to a stronger, more integrated system.

Building on these critical success factors, this document outlines the key steps the MOHLTC and its partners can follow to ensure that Ontario’s health care system is able to best manage the challenges of today while planning for a sustainable future.


**Introduction**

*Health care in Ontario is at a critical juncture,* as health system leaders face the challenge of ensuring the sustainability of a high performing health system in the context of evolving pressures and growing demand. Health care providers are increasingly supporting patients in the management of multiple chronic conditions, which poses immense challenges for a system built to treat single conditions in single episodes of care. Furthermore, evidence consistently suggests that considerations such as socio-economic status, mental health, and the built environment play important roles in whether and how people can live healthy, functional lives (Schaink et al, 2012). Building a health system that can address the complexity of these many interacting factors requires a long-term perspective focused on the comprehensive integration of health and social services. This long-term perspective should be realized in the form of a comprehensive health system capacity plan, which will guarantee the viability and sustainability of health care in Ontario well into the future.

**The Triple Aim.** Developed by Don Berwick and colleagues at the Institute for Healthcare Improvement in Massachusetts, USA, the Triple Aim captures decades of insight from research and practice in health care (Berwick et al, 2008). As an overall *mandate* for health systems that hope to fulfill their obligations to the populations they serve, the Triple Aim puts forward three inter-related goals that drive excellence in health care. These goals are:

1. **(1) Improve the health of the population.**
2. **(2) Improve the experience of patients who encounter the health system.**
3. **(3) Control costs associated with routine health service delivery.**

Efforts to achieve these inter-related goals are widely viewed as essential to driving meaningful health system improvement (Dentzer, 2013).

Health system capacity planning is intended to create the conditions for the development of a truly high performing health care system (Ettelt et al, 2009; Ettelt et al, 2012). High performing health systems aspire to the **Triple Aim,** meaning they work toward achieving the objectives of: 1) Improving population health, 2) enhancing patient experience, and 3) ensuring value for health care dollars (Berwick et al, 2008; Fazekas et al, 2010). These three inter-related goals of the
Triple Aim form a solid foundation on which a future plan for health care can be built, as they put emphasis on the health system outcomes we hope to achieve rather than focusing on the health system inputs we currently have. Furthermore, this perspective can inform health system planning by providing a framework for: (a) taking stock of current health system investments, challenges and needs, and (b) thinking critically about which elements of health care most need investment and when.

In order for a capacity plan to develop in ways that respond to the growing demands on Ontario’s health system, understanding how patients actually interact with health services is essential. This effort to understand the patient experience builds upon the commitment Ontario has already made in “Patients First: Ontario’s Action Plan for Health Care” (2015), placing patients at the centre of health care initiatives and policy making. **Box 1** provides an example of a real-life patient story provided by Dr. Samir Sinha of Sinai Health System, profiling the challenges faced by Violeta (a pseudonym) and her family in navigating the health system while dealing with multiple chronic conditions. Attention to stories such as hers anchors the planning process in the experiences of patients and families who encounter the challenges of navigating health care, enhancing Ontario’s commitment to building a health system that more fully meets patients’ needs.

Violeta’s story highlights the all-too-common case of older people with multiple chronic conditions who are poorly cared for in the health system. Her case emphasizes three key lessons about the current state of health care in Ontario.

- **First**, the system is focused on acute care, relying on emergency rooms and hospital inpatient wards to be the resource of both first and last resort for even the most vulnerable and complex patients. This is often the least effective and most expensive place to treat patients with chronic needs.
- **Second**, the system is not constructed to support communication across the continuum of care – for example, between primary care and acute care in the case of Violeta.
- **Third**, strategies to address the needs of patients with complex co-morbidities are not developed with a cross-sectorial view. Looking across sectors to integrate services that address medical, social, legal and other needs would enable health and social services to more adequately care for Violeta and her family.

These three observations highlight the demand for a comprehensive, multi-sector approach to health system capacity planning in Ontario.
Box 1. Violeta’s Story. Violeta is an 86-year-old Spanish woman living with her daughter (who is herself a senior) in Toronto. Violeta has one other daughter in her 60’s living close by in the city, and their families do the best they can to make sure Violeta gets the services she needs. Violeta has been bed-bound for 3 months, requires home dialysis for kidney failure, and takes medication to control her blood pressure, arthritis, cholesterol, diabetes, heart disease, and osteoporosis. She also has chronic kidney disease.

One day Violeta became agitated and appeared to be in pain as she struggled to breathe, so her family called 911 to bring her to the Emergency Department at Mount Sinai hospital. Violeta was admitted to the cardiac ward at the hospital for a detailed assessment of her heart function, which at the moment was her chief concern.

Vioeta’s cardiologist completed the assessment, finding that a pacemaker might be necessary to maintain her heart function. However, the cardiologist also discovered that Violeta’s cognitive deficit was quite profound and that the family was severely burned out from caregiver burden. The cardiologist was worried that the patient had been bedbound for no clear reason for three months prior to coming to hospital. She was concerned about Violeta’s options for rehabilitation and whether she would be able to return home or regain her recently lost function regardless of what therapies were put in place. The cardiologist emailed her geriatrician colleague late in the evening out of concern.

The geriatrician responded by seeing Violeta with her daughters the next morning as part of a comprehensive geriatrics assessment and family meeting, which ended up lasting two hours. The geriatrics team learned that although Violeta had access to primary care through a nurse practitioner-led clinic and had been getting regular home visits from different health care providers, she had not actually been comprehensively assessed for dementia – so had not been properly diagnosed with dementia. No appropriate care planning or services were in place for dementia either, such as the caregiver education that might help to reduce the emotional burden on the family.

As the family were not aware of the extent of their mother’s condition, they had not taken opportunities to proactively apply for long-term care placement. They were already using the maximum number of CCAC hours, and simply planned to take their mother to the emergency room if the burden became too heavy at home. In Violeta’s case, major clinical issues had been overlooked, her care needs were not being adequately addressed, and no coordinated care plan or advanced care plan were in place – Violeta was slipping through the cracks in the health system as her family struggled to care for her at home.
Although Violeta’s health care providers were able to put a more comprehensive care plan in place, it was only in the context of her crisis situation that this plan came to be developed. Health policy makers recognize that the system in its current form is not fit to meet the health and social needs of many complex patients.

As depicted in Figure 1, the current state of health care relies on the institutional environments of the long-term care and acute care settings to deal with the growing burden of chronic conditions. In order to achieve the goals of the Triple Aim in the population of patients with complex needs like Violeta, a health system plan will have to seriously consider how to shift resources and health care practices from the acute care and institutional sectors to the community, including the home where appropriate, to best meet the needs of this challenging population.

Figure 1. Current state and planned end state for health system planning.
Initiating Long-Term Planning: The Health System Capacity Planning Symposium

The Ministry of Health and Long Term Care (MOHLTC) in Ontario has already taken significant steps toward achieving these long-term goals, beginning the development of a systematic plan for the future of health care across the province. To kick off this planning process, the MOHLTC in collaboration with Women's College Hospital’s Institute for Health System Solutions and Virtual Care (WIHV), hosted a stakeholder symposium on health system capacity planning on June 26th, 2015. All Local Health Integration Networks (LHINs) had the opportunity to provide input to be discussed during the symposium, and representatives from many LHINs were in attendance. This feedback and participation enabled a critical, high-level discussion about capacity planning challenges and opportunities at both local and provincial levels (See Appendix A for a full list of attendees). A series of presentations from capacity planning experts provided key insights into the task ahead for health care in Ontario.

This discussion document aims to highlight the key themes of the symposium's discussion and provide recommendations and next steps towards building a comprehensive capacity plan for Ontario's health system.

Current Practices and Perspectives of Capacity Planning in Ontario

Health care leaders are aware of the demands on the health system, and in the absence of a comprehensive, province-wide long-term plan, local leaders have engaged in their own approaches to capacity planning as it relates to specific organizations, regions, or sectors in Ontario.

For example, the Ontario Long Term Care Association (OLTCA) has engaged in a process of modeling the needs for long term care within the province over the next 25 years. The OLTCA projected the need for investment in long term care required to address the anticipated growth in diagnoses of dementia: In 2011, there were 747,000 Canadians living with Dementia. This number is projected to virtually double to 1.4 million by 2031 (OLTCA, 2014), demanding a comprehensive strategy to prepare the health system to meet the needs of older people and their families. Specifically, the OLTCA estimates that funding for nursing staff, personal care staff, and program and support services will need to increase by 2.85% this budget year.
just to meet the growth in 1-year demand (OLTCA, 2014). Projected over the longer term, this number would increase substantially.

The Ontario Hospital Association (OHA) has taken similar steps, working with partners to develop a “proof of concept” capacity planning framework focused on resolving the persistently high levels of patients designated Alternate Level of Care (ALC) in Ontario. The OHA’s framework outlines the necessary elements of a successful long-term plan across sectors, not solely for hospitals. However, the OHA believes successful capacity planning in Ontario must be driven by the MOHLTC, emphasizing that vision and direction for the health system across sectors and throughout the entire province is essential. In a recent media release (April 2015), Anthony Dale (President and CEO of the OHA) explained that “key system indicators such as emergency room wait times, ALC levels and other metrics need to be monitored carefully as they are potential warning signs for broader system challenges” (OHA, 2015). In order to mitigate these challenges, the OHA and other healthcare sector representatives believe that a comprehensive long-term capacity plan is necessary.

In order to capture insights about capacity planning at the LHIN level in Ontario, a survey was circulated to LHIN representatives addressing current practices, challenges, and opportunities associated with regional capacity planning. Eight LHIN representatives completed the survey prior to the June 26 capacity planning symposium (for a 57% response rate). The survey findings overall suggest that LHINs are engaging in capacity planning in various ways they determine to best meet the needs of their communities. However, respondents also expressed the need for a province-wide framework with clear strategic direction set by the MOHLTC.

**Figure 2** shows responses to the survey question, “We build vision into capacity planning by...” the responses suggest that all LHINs participating in the survey engage stakeholders from across the continuum of care and align their local planning approach to the provincial Action Plan for Health Care. The majority of respondents also reported engaging stakeholders from across sectors (i.e., not only those within the “health care sector”), and create both long- and short-term health system plans. This finding suggests that some form of regional health system capacity planning is occurring Ontario, being completed by LHINs in ways that incorporate local services to meet the needs of local populations.
Although regional capacity planning is happening at the LHIN-level, survey respondents also pointed to the need for a comprehensive, province-wide approach to health system planning in Ontario. The sections circled in Figure 3 show that 5 out 8 LHIN respondents (63%) believed that the MOHLTC could strengthen health system planning by (a) addressing policy and regulatory gaps, and (b) establishing standards or guidance on a provincial approach to capacity planning. These survey responses suggest that the LHINs support the efforts of the Ministry in developing a comprehensive, long-term approach to capacity planning that will help to structure the regional health system plans developed independently by the LHINs – this message was echoed and agreed upon by participants throughout the discussion at the symposium.
Building upon the survey responses summarized above, and through further conversation in response to symposium presentations, stakeholders agreed that a central approach and vision to capacity planning in Ontario is essential. This vision should come from the Ministry, and should integrate a flexible approach to implementation in each LHIN region to accommodate local needs.

**Best Practices for Capacity Planning**

In order to gain further insight into the process of successful capacity planning, the symposium organizers invited Brad Graham, Fellow at the School of Public Policy and Governance at University of Toronto and former senior government official in Ontario, to describe his experiences leading the development of Ontario’s Places to Grow Act (2005). A policy involving a comprehensive plan for urban development in the Greater Golden Horseshoe, the Places to Grow Act required the vision,
commitment, and hard work of many stakeholders over many years. This was an ideal model for the complex, multi-sector environment that characterizes capacity planning for health care in Ontario.

In his presentation, Mr. Graham emphasized a number of key ingredients to successful capacity planning. These ingredients included clear and dedicated leadership that not only included the administrative side of government, but the political side as well. In addition, extensive stakeholder engagement and systematic inter-Ministerial collaboration were cited as key elements of success. Most importantly, a specific team with dedicated resources was established for the development and implementation of the Places to Grow Act. This team was tasked with engaging stakeholders and pushing the capacity planning process forward over time. Mr. Graham suggested that if the MOHLTC intends for health system capacity planning to be successful, it will have to include a dedicated team and resources to support them over the long term. Capacity planning takes time, and as the Places to Grow Act demonstrates, the investment can yield important results.

Further presentations during the symposium included perspectives from government, hospital care, long-term care, home care, primary care, quality improvement and health care evaluation (Health Quality Ontario and the Institute for Clinical Evaluative Sciences). A number of key ingredients for the success of capacity planning were shared across presentations, and emerged as clear priorities through group discussion. Drawing on the experience of Ontario’s Places to Grow Act, and the leadership and clinical experience of the stakeholders in the room, the following section highlights key success factors and recommendations that were determined as supporting effective, province-wide health system capacity planning.

**Health System Capacity Planning: Key Success Factors and Recommendations**

1. *Develop a long-term, aspirational vision*

   The first key task in developing a long-term capacity plan is articulating a vision that will garner support for the planning process from health system stakeholders and the public. The survey results and discussion with stakeholders throughout the symposium clearly showed that key stakeholders believe this vision should come from the Ministry and be focused on high-level, long-term goals. This vision creates the foundation on which the rest of the capacity planning activities will be built.

   The province has already committed to a vision in Ontario’s Action Plan for Health Care that places patients at the center of the health system. This vision focuses on the experiences and needs of patients by building upon 4 key pillars, including: (1)
Improving access to care by the right providers at the right times, (2) Connecting services more comprehensively across the continuum of care, (3) Systematically sharing more information with the public to enable informed decision-making about their health, and (4) Protecting the universal public health care system by emphasizing sustainability.

A vision for long-term capacity planning in Ontario should align with these 4 important principles, emphasizing the goals of the capacity planning process in terms of **achieving a health system that will improve population health, enhance patient experience, and contain health care costs**. As opposed to addressing laudable health care programs that are currently in place, this future-oriented vision should articulate the desired end-state of health care in Ontario. And, building on Ontario’s Action Plan, it should be expressly focused on the needs and engagement of patients.

To ensure that progress is being made on this vision, the Ministry should establish metrics and targets that the LHINs, who will be responsible for executing on this vision, will be held accountable to. These performance targets should be based on the Triple Aim and integrated into the accountability agreements with the LHINs and the MOHLTC. Some of these targets will be aspirational (i.e. to achieve over 10 years), however others will be process and outcomes targets to be achieved within the short and medium term.

Critical to the success of any long term capacity plan will be selecting certain short-to medium-term initiatives that could be test cases for what this process might tangibly look like. The MOHLTC has already invested in positioning Dementia and Alternative Level of Care patients as test cases, as both of these issues cut across sectors, have significant clinical and fiscal consequences, and will require a comprehensive approach to tackle effectively. The lessons learned from addressing these two issues can be used to adapt the process for future issues. Furthermore, success in these early demonstration initiatives will build momentum towards future efforts.

**Recommendation 1**: The Ministry should develop a comprehensive, long-term vision for Ontario’s health system.

**Recommendation 2**: The Ministry should select key short to medium term demonstration initiatives that are critical examples of what can be achieved by the capacity planning process.

**Recommendation 3**: The Ministry should establish performance targets based on Triple Aim metrics and hold the LHINs, who will be responsible for executing and
delivering on the Ministry’s long term vision, accountable for the progress on those targets.

2. Clear and visible leadership

Successful capacity planning relies on vocal and supportive leadership from both elected politicians and other senior government leaders. In the development of the Places to Grow Act, the express commitment and support of political champions drove public buy-in and secured resources to ensure the process could be completed successfully (Eidelman, 2010). In the case of health care, the expression of support from political and other government leaders will help to demonstrate the importance of the capacity planning process to stakeholders, encouraging their active participation. Furthermore, patients and the public will look to elected representatives to provide messaging and commitment related to planning the health system of the future. Ensuring that both elected and other government leaders are committed to championing the capacity plan will maximize its chances for success.

Recommendation 4: Identify senior political and other government leaders to champion and support the capacity planning process.

3. Continuous and committed stakeholder engagement

Although stakeholder engagement during the development of the capacity planning vision is essential, working closely with key partners does not end there. Developing a capacity plan that is comprehensive, meaningful to health care providers and the public, and maps the way to achieving the vision set by the Ministry will require a substantial investment of time and resources. As the plan develops, stakeholders will want to know what key issues are being addressed and how they can provide further input specific to their needs. This means that a process for systematically engaging key stakeholders throughout the development of the long-term capacity plan is essential to its success.

Describing the committed stakeholder engagement underpinning the development of the Places to Grow Act, Brad Graham explained, “If someone wanted to meet, we met. If someone wanted us to speak, we spoke...” The team responsible for planning the Places to Grow Act had the necessary resources, and particularly the staff, to devote time to communicating and working with community and municipal partners throughout the planning process. The availability of personnel to do this work was a clear driver of their planning success, representing the commitment of both political and bureaucratic leadership in driving the capacity planning process forward.
The MOHLTC will need to make a similar investment in systematic stakeholder engagement in order to ensure the success of their capacity planning process. Developing a dedicated team of Ministry staff who is available to do the work of capacity planning, with a strong focus on continuous stakeholder engagement, will further strengthen the likelihood of success.

**Recommendation 5:** Develop a team of MOHLTC staff specifically dedicated to capacity planning. Give these individuals the mandate to facilitate and support the systematic stakeholder engagement *across sectors and between Ministries* required to drive the success of health system capacity planning.

**Recommendation 6:** Develop a comprehensive plan to specifically engage key professional health system stakeholders, for example, health care delivery organization executives, professional association leaders, and University-based researchers.

4. **Commitment to engaging patients and the public**

The crucial role of patients as the central stakeholders in health system capacity planning cannot be over-emphasized, as Ontario has already made clear in the Action Plan for Health Care. Planning for the future of health care in this province is about what will best meet the needs of patients and the public, and so their input is essential to a successful planning process. The recent report of the Advisory Panel on Healthcare Innovation (2015) explained that a large gap exists in Canada “between the rhetoric of patient-centred care and the experience of many patients and families” (p. 3). The MOHLTC has an opportunity to help close this gap by systematically engaging patients and the public in the design of the health system of the future, making them central to the health system capacity planning process.

Although a variety of groups must buy into the capacity planning process to ensure its success (as described in key success factor #3), the plan itself must be built *around patients and the public*. This means clear mechanisms should be established to incorporate sustained contributions by patients from the very beginning of the plan’s development. **Figure 3** shows Carman et al’s seminal framework illustrating the nature of patient engagement across the health system, including in policy making. Shifting toward true “partnership and shared leadership” in health system planning, the Ministry can encourage patients to participate fully in the committees and working groups that contribute to the capacity planning process. This will help to ensure the centrality of patients and the public to the ultimate capacity plan for Ontario’s health system.
Figure 3. Carman et al’s Patient Engagement Framework

**Recommendation 7**: Make patients and the public central to the capacity planning process by incorporating patient representatives in the development of the capacity planning process.

**Recommendation 8**: Develop a communications plan specifically to inform patients and the public about the ongoing work of capacity planning, and to solicit their input in the process (e.g., a social media campaign). These strategies will necessarily be different than those focused on professional health system stakeholders described in recommendation #6.

5. *Build data and analytics infrastructure to support intelligent capacity planning*
The availability of high quality data and appropriate analytical capacity are key requirements for successful capacity planning, enabling the continuous monitoring and evaluation of health system resources and demands (Fazekas et al, 2010). This data and analysis infrastructure should be developed as a province-wide resource, as opposed to relying on multiple independent data systems and analysis processes that exist in parallel. Although Ontario does have significant capacity regarding the availability of high quality health system data through the Institute for Clinical Evaluative Sciences (ICES), and substantial analytic capacity at the MOHLTC and elsewhere, leveraging existing resources and further investing in more robust and real time data will ensure capacity planning responds accurately to population health needs (Ettelt et al, 2012).

A consolidated, province-wide reporting system would enable the Ministry and other key stakeholders to fully leverage the value of data to inform ongoing health system planning. Such a system would enable the collection of health system performance data with a very short time lag, offering as close to “real time” performance information as possible. The availability of such data on a provincial scale would allow a more accurate determination of how population health needs and system performance vary across the province, enabling a more targeted and informed approach to system planning. Given the richness of numerous data systems in Ontario currently, it is conceivable to leverage these data sources (ICES, MOHLTC etc.) in order to develop this data system. However, such a consolidated data and reporting system is not without its challenges; policy mandates presented by, for example, the Personal Health Information Protection Act (PHIPPA) pose potential barriers to the comprehensive integration of data as recommended here. Further review of policies that might intersect with the development of a comprehensive data and analysis system will be necessary moving forward.

The quality of data collected to inform system planning is most beneficial at the individual provider level. Although some work would be required to ensure the availability of data at this level of granularity, provider-level data enables meaningful feedback for the individuals working in health services at the point of care; this level of feedback motivates the practice changes that support new, more integrated models of care (Jamtvedt et al, 2006). Providing opportunities for systematic audit and feedback, and the continuous collection of health system performance information, this kind of data infrastructure would create a foundation for intelligent health system planning well into the future.

Recommendation 9: Invest in health system data infrastructure in Ontario by building on existing capacity within the MOHLTC and partners (such as ICES) in order to ensure the availability of health system performance data, including data at the level of the system, individual providers, and patients. This data should be used
to help measure the progress the LHINs are making in the achievement of the Ministry’s capacity planning goals.

**Recommendation 10:** Invest in health system and population health data analysis capacity in Ontario in order to ensure data is analyzed and reported in meaningful ways for key health system actors. Where possible, data on health system performance should be made publicly available.

6. **Review and revise existing policy related to long-term capacity planning**

One central goal of long-term capacity planning is the more complete integration of health and social services in ways that meet patients’ often complex needs. As demonstrated by Dr. Samir Sinha’s patient story in Box 1, health system fragmentation continues to result in the inappropriate use of health care resources, often adversely affecting patient outcomes. Ontario has already invested in many initiatives that are making progress in advancing the integration of services, including the development of the Health Links model and comprehensive renewal of home and primary care. Building on these investments by identifying and altering key legislative and policy barriers to more complete integration will be keys to the success of the capacity plan.

In particular, the LHINs will be tasked with operationalizing the capacity plan within their region, but LHIN representatives identified that they did not have the appropriate authority to truly enable cross sector integration between hospitals, primary care, long term care and home and community care services. The tools and authorities that the LHIN has at its disposal to achieve the needed performance objectives as spelled out in the capacity plan will likely need review.

A variety of policy topics relate to the development of a long-term capacity plan that emphasizes stronger health system integration. These include health human resources, the structure of the home care sector, and integrated funding models, all topics currently being reviewed in Ontario. Building the review of these and other key policy issues into the capacity planning process will enable a comprehensive consideration of policy barriers and enablers to meaningful system change.

**Recommendation 11:** Systematically identify existing policy barriers to a more integrated health and social care system, putting processes in place to address these barriers through future policy change.
Conclusion

Ontario’s health system, like many other developed health systems around the world, is facing significant demographic and fiscal challenges. Overcoming these challenges will require bold political leadership, the thoughtful use of data, and the engagement of key health system stakeholders and the public. The LHINs and local planners will need the tools to ensure that the overall provincial plan can be executed successfully, and must be held accountable for its results. Providers and patients must be meaningfully engaged to ensure their voices are being heard while building a truly patient-centred system. Although the task may at first appear daunting, the possibility to create a high performing, patient-centred health system that more fully achieves the goals of the Triple Aim provides ample motivation to drive the planning process forward.
References


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## Appendix A: Capacity Planning Roles and Responsibilities in Ontario

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<th>Capacity Planning Activity</th>
<th>Roles and Responsibilities</th>
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| Develop a long-term, aspirational vision                                                    | **MOHLTC**  
Set the long-term vision for health care in Ontario, outlining broad goals for improvements in population health outcomes, enhanced patient experiences, and the control of health care costs (i.e., the Triple Aim). |
<p>| LHINs                                                                                      | Provide input and support to the long-term vision for health care in Ontario, recognizing that a provincial perspective is necessary for whole-system planning. Input on unique regional health needs will be particularly important. |
| Health care provider organizations and sector-specific associations                        | Provide input and support to the long-term vision for health care in Ontario, recognizing that a provincial perspective is necessary for whole-system planning. Input on the needs and realities of key organizations/sectors will be particularly important. |
| Provincial planning partners (e.g., Cancer Care Ontario)                                   | Collaborate with the Ministry in the development of the long-term vision for health care as it relates to specific population groups and services.                                                                                     |
| System enablers (e.g., Health Quality Ontario, eHealth Ontario)                            | Provide input into the development of the long-term vision focused on the contributions each organization can make over time, with an emphasis on how development can proceed strategically in ways that align with the provincial vision. |</p>
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<th><strong>Continuous and committed stakeholder engagement across sectors</strong></th>
<th><strong>MOHLTC</strong></th>
<th>Develop a systematic plan to engage stakeholders across sectors at regular intervals over time, building feedback into the developing capacity plan. Establish a distinct team at the Ministry with dedicated resources and senior leadership support to implement the stakeholder engagement plan.</th>
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<td><strong>LHINs</strong></td>
<td>Meet with Ministry representatives to provide feedback and input into the details of the capacity plan as it develops.</td>
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<td><strong>Informing and engaging patients and the public</strong></td>
<td><strong>MOHLTC</strong></td>
<td>Develop a media and communications strategy specifically focused on informing and engaging patients and the public.</td>
</tr>
<tr>
<td><strong>LHINs</strong></td>
<td>Act as a conduit for communicating the long-term plan to patients and the public, addressing the ways in which the plan influences health care planning at the regional level during LHIN patient and public engagement exercises.</td>
<td></td>
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<tr>
<td><strong>Health care provider</strong></td>
<td>Integrate key messages from the long-term plan into patient</td>
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<tr>
<td>Organizations and Sector-Specific Associations</td>
<td>Communication media, emphasizing how the plan will impact the delivery of care at the organizational level.</td>
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<tr>
<td>Provincial Planning Partners (e.g., Cancer Care Ontario)</td>
<td>Provide input into the communications strategy developed by the Ministry as it relates to the specific population groups and services relevant for each partner.</td>
<td></td>
</tr>
<tr>
<td>System Enablers (e.g., Health Quality Ontario, eHealth Ontario)</td>
<td>Provide support to the Ministry’s efforts to inform and engage patients and the public by assisting with data availability and outcome metric development.</td>
<td></td>
</tr>
</tbody>
</table>
| Building Data and Analytics Infrastructure to Support Intelligent Capacity Planning | MOHLTC
Create formal collaborations between the capacity planning unit and the data and analytics branch at the Ministry. Leverage existing collaborations with data management and analysis organizations to inform capacity planning (e.g., HQO and ICES). Invest in modelling and projections related to demands and costs over the long-term. |
| LHINs | Inform the Ministry about which data would be most beneficial for regional capacity planning over the long term, and where data gaps remain. Provide the Ministry with requested data to facilitate long-term capacity planning. |
| Health Care Provider Organizations and Sector-Specific Associations | Inform the Ministry about which data would be most beneficial for organizational/sector capacity planning over the long term, and where data gaps remain. Provide the Ministry with requested data to facilitate long- |
term capacity planning.

<table>
<thead>
<tr>
<th>Role / Group</th>
<th>Responsibilities</th>
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</thead>
<tbody>
<tr>
<td>Provincial planning partners (e.g., Cancer Care Ontario)</td>
<td>Collaborate with the Ministry in developing data infrastructure to capture the information most beneficial for long-term capacity planning.</td>
</tr>
<tr>
<td>System enablers (e.g., Health Quality Ontario, eHealth Ontario)</td>
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</tr>
<tr>
<td><strong>Review and revise existing policy as relates to long-term capacity planning</strong></td>
<td><strong>MOHLTC</strong>&lt;br&gt;Through the dedicated capacity planning team, review existing policy barriers to achieving the long-term plan.</td>
</tr>
<tr>
<td><strong>LHINs</strong></td>
<td>Provide input to the Ministry regarding the existing policy barriers to effective capacity planning and implementation in the region.</td>
</tr>
<tr>
<td>Health care provider organizations and sector-specific associations</td>
<td>Provide input to the Ministry regarding the existing policy barriers to effective capacity and integration across health care organizations and sectors.</td>
</tr>
<tr>
<td>Provincial planning partners (e.g., Cancer Care Ontario)</td>
<td>Provide input and share experiences with existing policy barriers to effective capacity planning and how barriers were managed in previous planning and implementation activities.</td>
</tr>
<tr>
<td>System enablers (e.g., Health Quality Ontario, eHealth Ontario)</td>
<td>Provider assistance with data availability and analysis as it relates to identifying and understanding policy barriers to effective long-term planning.</td>
</tr>
</tbody>
</table>