



Report to:	Manitoulin-Sudbury District Services Board
From:	Robert Smith Chief of Paramedic Services
Date:	January 23, 2020
Re:	Modernization of Emergency Health Services and Public Health

Executive Summary

During its current mandate, the Provincial Government has undertaken review intended to modernize both Emergency Health Services (EHS) and Public Health Ontario. While the initial focus surrounded collapsing of systems as a method for increased efficiency, the more recent methodology has included consultation with stakeholders, and a reset of outcomes.

Manitoulin-Sudbury DSB, through its role as a Paramedic Services Direct Delivery Agency (DDA), as a member of the Ontario Association of Paramedic Chiefs (OAPC), and as a member of the Northern Ontario Service Delivers Association (NOSDA) has been able to engage with the Ministry of Health with respect to consultation. This issue report captures concepts that could be shared with the province and would promote system design improvements intended to benefit citizens of Northern Ontario. This report includes a resolution designed to engage and advocate for our member municipalities.

History

As part of the 2019 Provincial budget announcement in April of that year, the Government announced a number of initiatives designed to manage deficit and debt issues across the system. Included, were direct actions designed to address health care spending through system transformation. Specifically, the Province announced that the 35 Public Health Units would be collapsed into 10 larger units by April of 2020, and consolidation of the 59 Paramedic Services. The announcements resulted in significant discussion across the health care industry.

In October of 2019, the Ministry of Health announced the appointment of a Special Advisor, tasked with the process of gathering feedback from stakeholders on concepts for modernization of both Public Health and Emergency Health Services. Jim Pine, the

Chief Administrative Officer (CAO) for Hastings County was appointed to this position, and was joined by Allison Blair, the Assistant Deputy Minister for Health.

In November of 2019, Ministry of Health (MOH) Discussion Papers were released for Emergency Health Services (EHS) and [Public Health Discussion Paper](#). During the November DSB meeting, Board members were briefed on these documents. As shared, these documents focused modernization efforts on more specific areas of consideration. The Province also announced that the plan to consolidate Paramedic Services was being reconsidered. The [EHS Discussion Paper](#) identified Antiquated Dispatch Technologies, Ambulance Offload Delays, Coordination Among System Partners, Need for Innovation and Health Equity. The announcement of the Special Advisor, and release of the Discussion Papers coincided with a decision by the Ministry to hold 14 consultation sessions over the winter.

On January 13th and 14th a consultation session was held in North Bay, and was attended by the Board Chair, the CAO and the Chief of Paramedic Services. The two-day session focused, in three parts, on EHS, on Public Health, and finally on municipal considerations. Sessions are set for ROMA and OAPC over the next weeks.

The Special Advisor, and the ADM assigned to this project have both stated clearly that the modernization concepts have been reset, and the consolidation plans no longer are fixed results.

Issues

During the recent consultation sessions, Manitoulin-Sudbury DSB concerns were shared. Specifically, DSB representatives communicated EHS matters related to non-urgent interfacility transfers, and the ongoing challenges related to the Patient Transfer Service pilot project, resource degradation resulting from regionalized health modeling and the challenge with access to Ornge for urgent and emergency interfacility transportation, and lack of funding equality for Northern Ontario.

With regard to Public Health, DSB representatives shared information related challenges to the Ministry's desire to leverage benefits of a more collaborative relationship with social service delivery agencies. It was made clear that the DSBs, while responsible for many of the social services that link with Public Health activities, have no direct linkage to the Public Health Units. Unlike Regional and County Governments, who delivery social services, and have representation on Boards of Public Health, DSBs have no such representation.

Implications in Northern Ontario

Inequities in the social determinants of health in rural Ontario are well documented. Additionally, rural Ontario has a relatively higher percentage of elderly citizens when compared to urban communities. As such, the need for deployment of Paramedics across rural Ontario is absolute. These factors impact on service call volumes, and subsequently on variable costs.

The fixed costs associated with delivery of Paramedic Services across Ontario are impacted by a variety of factors, but specific factors in Northern Ontario are related to geography and population density. Paramedic Service delivery must be designed to ensure response coverage based upon a geographic determination, resulting on a fixed cost to the organization. While the province has never mandated specific station locations, the historic placement of stations has dictated current assignment of resources. Manitoulin-Sudbury DSB has an increasing 911 call volume, something shared with the Board in previous briefings, but capacity for increased response at each station remains present. Despite this capacity, the fixed costs to meet the deployment model are requisite and due to population density, and this results in relatively higher costs per person when compared to a more urban environment with greater population density.

The decision to Provincially fund land ambulance services at a rate of 50% did not take into consideration the above captured challenges, nor the available municipal tax base, including current value assessment modeling. As such, municipal funding costs for Paramedic Services are relatively higher in Northern Ontario. A northern funding design should be considered to address these factors.

Conclusion

The Provincial Government has committed to introducing a program focused on modernization of both EHS and Public Health. This process is in its consultation phase, and the Special Advisor to the Ministry has committed to obtaining any sharing any and all concepts that would lend themselves to a process where system modernization would be a goal. To this end, Manitoulin-Sudbury DSB staff have concluded that there may be some specific processes that could help to achieve this goal. Firstly, Provincial funding of Paramedic Services should include factors related to rural and Northern Ontario. Secondly, the Ministry of Health should implement program funding specifically to address the impact of both non-urgent interfacility transfers and urgent/emergent transfers directly related to the regionalization of health care. Thirdly, the DSB system, as the delivery agent for Social Services, including Paramedic Services should have standing with the Boards of Health.

Recommendation

The Manitoulin-Sudbury DSB Board of directors endorse a submission to the Ministry of Health that proposes, as part of a modernization plan, the redesign of Provincial funding to recognize the specific and unique challenges in capacity for funding of health services across Northern Ontario.