

Private Acquisitions Strategy:

Analysis Report of the **Health Sector** in Ontario

July 2014

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1. Executive Summary

The purpose of this report is to carry forward key recommendations from the Archives of Ontario Private Acquisitions Strategy by conducting examinations of Ontario's major sectors. This report highlights sub-sectors or areas within the private health sector which are likely to generate records of provincial significance.

With healthcare being the province's largest budget item, the importance of the health sector to Ontario cannot be understated. The identification and appraisal of activities within the health sector will drive and support private records acquisition policy for health sector records in the *Archives of Ontario Private Acquisitions Strategy*.

While specific organizations and bodies have been cited for illustrative purposes within this report as examples of the kinds of organizations, associations, and other bodies which could be acquired, it is not the intention of this report to provide such a low-level review.

2. Overview of the Health Sector in Ontario

In 2011, the Province of Ontario spent over \$48 billion on healthcare. In the same year the private sector spent just over \$25 billion.¹

The Province has made many changes in recent years with respect to the management and operation of Ontario's public healthcare systems. None have been as dramatic and controversial as those which emerged from the recommendations of the Health Services Restructuring Commission (HSRC) which conducted its work between 1996 and 2000.

The HSRC recommended; the creation of larger hospital organizations, the closure of 31 public, 6 private, and 6 provincial psychiatric hospitals, the expansion of in-home care and facility-based long-term care, the integration of regional community-based health systems, the organization of small rural and northern Ontario hospitals into networks, and the development of strategies to achieve (1) a capacity for effective health information management; (2) reform of primary health care; (3) integration of health services in communities committed to achieving it; (4) the capacity to measure and assess improvements in the performance of health care delivery and to enhance its productivity and accountability; (5) the establishment of academic health science networks; and (6) more effective governance, by the province, of the restructured health care system.²

In 1999, following the recommendations made by the HSRC, the Province proceeded with the divestment of the six provincially-operated psychiatric hospitals.

¹ National Health Expenditure Trends, 1975-2011. Canadian Institute for Health Information, 2011.

² Sinclair, Rochon and Leatt. "Riding the Third Rail: The Story of Ontario's Health Services Restructuring Commission, 1996-2000" (2005)

In 2003, the Ontario healthcare system experienced one of its most significant health crises – SARS. The outbreak affected 330 people in Ontario with serious lung disease and claimed the lives of 44. The outbreak revealed many weaknesses in Ontario’s healthcare system, which were addressed in the report of The SARS Commission (Ontario) in 2006.

In 2005, the Ministry of Health and Long-Term Care (MOHLTC) established the Ontario Air Ambulance Services Co. (OAASC) following the 2001 Ontario Auditor General’s report that all air ambulance services should be coordinated under one body. In 2006, the OAASC was renamed ORNGE, and was later given responsibility for the authorization of all patient transfers between hospitals, mainly as a response to the SARS crisis. ORNGE became the subject of public scrutiny over its business practices and senior executive salaries, events which led to greater scrutiny and oversight of the operator’s activities.

In 2007, the Province of Ontario established 14 Local Health Integration Networks (LIHNs) to coordinate the planning, integration, funding and delivery of public healthcare by geographic region.

Community-based provision of healthcare in Ontario means more than providing healthcare by geographic region. Community-based care is also being defined by the particular needs of ethno-cultural groups, or communities whose needs are not being addressed by mainstream institutions.

Advocacy groups play an important role in raising awareness of gaps and emerging issues across many aspects of healthcare.

As Ontario’s population grows and the average age Ontarians increases with the growth of the senior citizen demographic, the healthcare needs within the province will continue to dramatically change.

Under the *Naturopathy Act* (2007), the province is in the process of changing the way Naturopathic Doctors are regulated in Ontario, by bringing them under the *Regulated Health Practitioners Act*.

There is an ongoing dialogue between provincial-focussed organizations, advocacy groups and the makers of public policy concerning healthcare to ensure that Ontario’s constantly shifting healthcare needs are being addressed.

3. Analysis of Archives of Ontario Holdings

In examining the holdings of the Archives of Ontario, a search of the Archives Descriptive Database was undertaken to determine what records have been acquired from the private sector that complement the functions of the government with respect to the administration and regulation of human health. This revealed that the Archives’ holdings contain only a small number of private records documenting some of the functions carried out by the Ministry of Health and Long-term Care.

The Archives of Ontario Appraisal Focus Report for Ontario’s Health System: Ontario Ministry of Health and Long-term Care and Select Agencies (2008) identifies the Ministry’s six core functions as:

1. Managing health system information
2. Providing a health system strategy
3. Investing in and funding the health system

4. Providing health system accountability and performance
5. Administering public health
6. Regulating the health system and providing advisory services.

The Archives' private records holdings are only reflected in two of these six functions. Providing health system accountability & performance and administering public health are reflected in three of the Archives' private holdings: (1) Cancer Care Ontario funds (F 4559); (2) Wellesley Central Hospital funds (F 4475); and (3) Multicultural Health Coalition (F 4638) funds.

4. Methodology for Analyzing the Health Sector

This section outlines the analysis methodology and rationale for how the sector was broken down and assessed.

Sub-sector Identifications

Sub-sectors within the Health sector were selected based upon an analysis of major activities related to healthcare, health practitioners and other health issues known to occur within Ontario. Sub-sectors were identified based upon the major categories of organizations, bodies and individuals known to be involved or have an interest in such activities within the private sector.

Exclusions and Limitations

This section provides an overview of certain sectors or categories in the Ontario health sector which were excluded from the analysis.

The Local Health Integration Networks (LHINs) were created by the Government of Ontario under the under section 3 of the *Local Health System Integration Act, 2006*. The LHINs were considered for inclusion as a distinct sub-sector under the Health Sector analysis; however, the LHINs have been included in the draft regulation amendment for Ontario Regulation 336/07, under the *Archives and Recordkeeping Act, 2006*.

5. Analysis of Health Sub-Sectors

This section examines the scope of Health Sector records with respect to:

1. Identifying and defining sub-sectors and categories within the Health Sector,
2. Making connections between private sector activities and government functions,
3. Identifying existing holdings in the Archives of Ontario related to the Health Sector (containing records dated 1980-CCY),
4. Identifying possible acquisition targets in the private sector,
5. Providing a rationale for the importance of acquiring documentation within a sub-sector or category, and
6. Identifying level of acquisition priority for each sub-sector based upon the rationale.

Health Sector Sub-sectors and categories:

For the purposes of analysis, the activities within the Health Sector have been divided into the following sub-sectors and categories.

1. Provincially-focused organizations
2. Colleges of practitioners
3. Professional associations
4. Advocacy organizations
5. Healthcare and research institutions
6. Individuals and practitioners

Government Functional Linkages

The functional linkages provided in the following table are based upon the Archives of Ontario *Appraisal Focus Report for Ontario's Health System: Ontario Ministry of Health and Long-term Care and Select Agencies (2008)*, which identified the Ministry's six core functions as:

5. Managing health system information
6. Providing a health system strategy
7. Investing in and funding the health system
8. Providing health system accountability and performance
9. Administering public health
10. Regulating the health system and providing advisory services

Health Sub-sector / Category	Sub-sector / category description	Government Function and responsible ministry	Related Archives of Ontario private holdings (1980-CCY)	Sub-sector / category appraisal rationale	Secondary considerations	Priority: High (AO has little to no documentation), Medium (AO has some documentation), Low (AO has significant documentation)
Provincial health-focused organizations	This sub-sector includes organizations with a provincial focus on one or more aspects of healthcare. Organizations may include independent provincial entities or provincial-level chapters/bodies of nationally-focused organizations.	Providing a health system strategy (Health and Long-term Care)	F 4638 Multicultural Health Coalition fonds	This sub-sector includes organizations which have a provincial focus on various aspects of health promotion, access, facilities, information management, health strategies and direct patient care.	The AO's holdings in this category are very limited for the post-1980 period.	HIGH

Health Sub-sector / Category	Sub-sector / category description	Government Function and responsible ministry	Related Archives of Ontario private holdings (1980-CCY)	Sub-sector / category appraisal rationale	Secondary considerations	Priority: High (AO has little to no documentation), Medium (AO has some documentation), Low (AO has significant documentation)
Colleges of practitioners	This sub-sector includes colleges of practitioners responsible for the registration and regulation of professionals in various fields of medicine.	Regulating the health system and providing advisory services; Providing health system accountability and performance (Health and Long-term Care)	F 4616 Ontario College of Pharmacists fonds	This sub-sector consists of organizations responsible for the certification of practitioners, monitoring of standards of practice, complaint investigation, and conducting disciplinary hearings. Organizations in this sub-sector hold a high-level of responsibility for the oversight	The AO holds only one fonds within this sub-sector for the post-1980 period.	HIGH

Health Sub-sector / Category	Sub-sector / category description	Government Function and responsible ministry	Related Archives of Ontario private holdings (1980-CCY)	Sub-sector / category appraisal rationale	Secondary considerations	Priority: High (AO has little to no documentation), Medium (AO has some documentation), Low (AO has significant documentation)
				of medical professionals involved in direct patient care.		
Professional associations	This sub-sector includes associations of professionals working in the fields of providing or promoting aspects of human health.	(No related function)	F 1383 Ontario Psychological Association funds; F 2086 Ontario Association of Speech-Language Pathologists and Audiologists funds; F 4168 Ontario Dietetic Association funds; F 4315	This sub-sector includes associations which represent the interests of health care professionals and provide professional support to practitioners in various medical and health-related fields. These	The AO holds seven fonds within this sub-sector for the post-1980 period.	MEDIUM

Health Sub-sector / Category	Sub-sector / category description	Government Function and responsible ministry	Related Archives of Ontario private holdings (1980-CCY)	Sub-sector / category appraisal rationale	Secondary considerations	Priority: High (AO has little to no documentation), Medium (AO has some documentation), Low (AO has significant documentation)
			Hospital Auxiliaries Association of Ontario fonds; F 1378 Canadian Mental Health Association (Ontario Division) fonds; F 2168 Registered Nurses Association of Ontario fonds; F 879 Ontario Association of Registered Nursing	associations represent common interests or professionals and institutions across the province involved in patient care. Therefore, the activities of professional associations have high provincial significance.		

Health Sub-sector / Category	Sub-sector / category description	Government Function and responsible ministry	Related Archives of Ontario private holdings (1980-CCY)	Sub-sector / category appraisal rationale	Secondary considerations	Priority: High (AO has little to no documentation), Medium (AO has some documentation), Low (AO has significant documentation)
			Assistants fonds			
Advocacy organizations	This sub-sector includes organizations with a mandate to advocate, lobby and / or promote aspects of human health within the province.	Investing in and funding the health system (Health and Long-term Care)		This sub-sector includes organizations or other bodies which represent communities whose needs may be under-represented in the healthcare system. Examples may include direct healthcare providers and advocates for enhanced	The AO does not hold any fonds within this sub-sector for the post-1980 period.	HIGH

Health Sub-sector / Category	Sub-sector / category description	Government Function and responsible ministry	Related Archives of Ontario private holdings (1980-CCY)	Sub-sector / category appraisal rationale	Secondary considerations	Priority: High (AO has little to no documentation), Medium (AO has some documentation), Low (AO has significant documentation)
				services.		
Healthcare and research institutions	This sub-category includes institutions directly involved in the provision of healthcare, including hospitals, clinics and research institutions.	Administering public health (Health and Long-term Care)	F 4336 West End Crèche Child and Family Clinic Fonds; F 4353 Charles Pharmacy fonds; F 4475 Wellesley Central Hospital fonds	This sub-category includes institutions directly involved in the provision of healthcare or health services. Records of the administration of certain institutions would document the application of health policy in the ground, and how health issues are	The AO's holdings in this category are very limited for the post-1980 period.	MEDIUM

Health Sub-sector / Category	Sub-sector / category description	Government Function and responsible ministry	Related Archives of Ontario private holdings (1980-CCY)	Sub-sector / category appraisal rationale	Secondary considerations	Priority: High (AO has little to no documentation), Medium (AO has some documentation), Low (AO has significant documentation)
				addressed. The AO would not target patient records.		