The State of Education and Training in Integrated Care in Ontario, Canada

By Dr Anne Wotjak

Country context

Ontario Demographic Context

Canada is the world's second largest country by land mass and its geography is subdivided into 10 provinces and 3 territories. In 2023, it had a total population of 40,528,396 people[1]. The province of Ontario, located in Central Canada, is the second largest of the provinces by geographic area and is the most populous, with a total population in 2022 of 15,500,632[2], representing 38% of the Canadian population. Toronto is Canada's largest city with a population of 2.8 million people. Almost 48% (7 million people) of the province's population lives in the urban and suburban geographic area around the City of Toronto, known as the Greater Toronto Area.

The proportion of Ontarians aged 65 years or older represents approximately 18% of the province's population and this is expected to increase to almost 22% by the year 2046[3]. The population of individuals aged 15-64 representing potentially active persons constituted 66.5% of the population in 2022, and this is expected to decrease to 63% by year 2046[4]. The per capita income is $55,550 CAD5 with an unemployment rate of 6.2% in January 2024[6]. In 2021, life expectancy at birth was 82.34 years[7] and infant mortality was 4.5 per 1000 live births[8].

Ontario has a highly ethnically and linguistically diverse population. According to the 2021 Census, 20.0% of households speak two languages at home and 5.7% of households speak three languages or more at home. In total, more than 25.0% of households in Ontario are multilingual, a higher percentage than in the other provinces or territories. Ontario is also the province that generally receives the largest number of immigrants annually[9], with 30% of the total population being immigrants from other countries.

Approximately 25% of the Ontario population lives with multimorbidity for chronic diseases, with rates differing by income quintile, particularly for individuals with COPD, diabetes, mental health, and or heart failure[10]. Chronic diseases cause approximately three-quarters of deaths in Ontario, with cancers, cardiovascular diseases, chronic lower respiratory diseases, and diabetes being the most common causes of chronic disease deaths (approximately 64% of deaths)[11].

Health System Context

Canada is governed through a constitutional monarchy and a parliamentary democracy[12]. Canada's Constitution prescribes the system of laws and principles that outline the nature, functions, and limits of Canada's system of government, both federal and provincial[13]. Under the country's constitution, healthcare is primarily a provincial and territorial responsibility, however the federal government retains some responsibility for healthcare, including funding in the form of federal-provincial transfer payments and setting standards under the Canada Health Act[14]. This means that instead of a single national health insurance plan, Canada has 13 provincial and territorial health care insurance plans. The provincial and territorial governments are responsible for the management, organization, and delivery of health care services for their residents[15].

At a federal level, publicly funded health care insurance was established in the late 1950s. The Hospital Insurance and Diagnostic Act of 1957 gave the Canadian government authority to enter into an agreement with the provinces to establish a comprehensive, universal plan covering acute hospital care and laboratory and radiology diagnostic services. Nine years later, the Medical Care Act of 1966 extended health insurance to cover doctors' services[16]. In 1984, the Canada Health Act replaced previous hospital and medical insurance acts. The new Act established criteria and conditions related to insured health services and extended health care services that the provinces and territories must fulfill to receive the full federal cash contribution under the Canada Health Transfer funding agreement[16]. The Canada Health Act prescribes 5 conditions under which provinces and territories must deliver health care services to their population, including requirements that the health systems be publicly administered, comprehensive, universal, portable, and accessible[17]. The Act further disallows extra-billing or user fees for medically necessary hospital and doctors' services, although 'medically necessary' services are not defined. It is up to the provincial and territorial health insurance plans, in consultation with their respective physician colleges or groups, to determine which services are medically necessary for health insurance purposes. If a service is not considered to be medically required, the province or territory need not cover it through its health insurance plan18. As a result, health services such as pharmacare, home care, long-term care, dental care, eye care, and other auxiliary services fall outside of the Canada Health Act with coverage and payment models varying by province or territory.

Canada's healthcare system is predominately public, with 70% of healthcare funding coming from the public-sector and the remaining 30% from the private-sector[19]. In 2023, Canada spent 12.1% of its gross domestic product on health expenditures[20],which is second only to the US among OECD countries. In Ontario, the proportion of the provincial budget spent on health care is approximately 38% or about $5,340 CAD per person[21]. The majority of funds are spent on costs related to hospitals, physicians and drug coverage.

Policy Development for Integrated Care

Over the past 15 years, Ontario's government has made successive policy changes with the goal of advancing health system integration. In 2007, the provincial government created 14 Local Health Integration Networks (LHINs) responsible for regional administration of publicly funded healthcare services, including hospitals, long-term care homes, home and community care agencies, community support services agencies, mental health and addiction agencies, and community health centres. LHINs were established by the Local Health System Integration Act (2006), to achieve an integrated health system and enable local communities to make decisions about their local health systems[22]. This model of regionalization in Ontario differed from the regional health authority model adopted in other provinces in that LHINs did not directly govern or deliver health care services. While LHINs had specific responsibilities that included developing strategies to improve integration of local health systems, in reality the goals for integration of the system were not clearly defined and the Office of the Provincial Auditor found that most LHINs performed below expected levels[23].

In 2012, the province launched a new model for improving coordination and delivery of care for seniors and others with complex and chronic health conditions called 'Health Links'. Health Links were intended to enable voluntary collaboration between providers with a strong, central role for primary care and a 'low rules' environment. Local partner organizations such as primary care, home care and hospitals were invited to submit business plans to receive funding to support improved coordination of care[24]. The program started with 26 early-adopter Health Links in December 2012, and 82 sites were in operation throughout the province by the end of 2015[25]. A formal evaluation of the Health Links model in 2018 indicated that greater attention needed to be paid to local dynamics and processes among partner organizations and that a lack of intentional design and coordinated planning across these multiple local partnerships was not sufficient to achieve better integrated care at a system level[26].

In 2019, a newly elected provincial government made a significant shift in the policy direction for healthcare with the introduction of the Connecting Care Act that provided for the transition of the 14 LHINs to a new provincial agency called 'Ontario Health' and established plans for the creation of Ontario Health Teams. Local partner organizations were invited to voluntarily submit applications and undergo an assessment process to become an approved Ontario Health Team (OHT). The requirements to become an approved OHT included that specific sectors must be involved, specifically primary care, acute care and home and community care, and that patients and caregivers be engaged in the OHT development. The provincial government launched this strategy with the approval of an initial 24 OHTs in 2019, followed by a continuous process to approve successive cohorts of OHTs over the next 4 years. As of January 2024, there are 58 approved OHTs covering all geographic regions of the province[27]. The goal of the OHT model is to advance integrated health and social care at a local level for an attributed population. At maturity, OHTs are expected to be clinically and fiscally accountable for population health for their regions. Although initially the OHTs were established with a low-rules environment similar to Health Links, over time the provincial direction and deliverables have become more prescriptive. All 58 OHTs have been provided with a modest budget for administrative and project support to achieve established deliverables, as well as to enable engagement of community members and local primary care.

Education and training focused on integrated care

Canada has among the highest proportion of its working-age population who have graduated from either university or college in the G7 industrialized countries. Among people aged 25-64, 57.5% have graduated from a post-secondary institution. Nearly 33% of Canadians of working age had a university bachelor's degree or higher in 2021. Over the past 30 years, there has been a growing gap between men and women in educational attainment. In the age group of 25-34 years, nearly 40% of Canadian-born women have a bachelor's degree or higher, compared with a little more than 25% of Canadian-born men[28]. The level of education among Ontario residents is similar to that of Canada as a whole.

Ontario has 23 publicly assisted universities, 24 colleges, and more than 500 registered career colleges and institutions[29]. Like health care, education is a provincial and territorial responsibility under the Canadian Constitution. In Ontario, the Ministry of Colleges and Universities is responsible for legislation and oversight of post-secondary institutions, while the Ministry of Education is responsible for primary and secondary schools. Post-secondary education is subsidized through provincial governments. In 2022, provincial funding made up 24% of university revenues[30], with most of the remaining revenue coming from tuition costs paid by students. In 2021/22 there were 920,145 students enrolled in a post-secondary institution in Ontario[31].

In 2020, the number of individuals who completed healthcare programs accounted for 11.6% of all post-secondary graduates, which represents a 5.8% decline compared with the previous year. Enrollment and graduation rates were significantly impacted by the COVID-19 pandemic. This drop was more pronounced among college graduates (-10.3%)[32]. During the pandemic, many students were unable to complete in-person clinical placements required for graduation from healthcare programs, which caused delays in graduation. This decline in new graduates combined with a spike in people leaving their professions due to burnout has resulted in an escalating health human resource crisis. The provincial government has since been taking measures to increase enrolment in medical and healthcare education[33], expedite credentialling of foreign-trained health professionals, and recruit more qualified healthcare professionals from other jurisdictions. Despite these efforts, there is no foreseeable end to the health human resource crisis.

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United Kingdom
Annexe Offices
Linton Rd
Oxford OX2 6UD
United Kingdom

The Netherlands
The Base B
Evert van de Beekstraat 1-104
Schiphol Airport 1118CL
The Netherlands

Email: info@integratedcarefoundation.org
Linkedin: mylinkd.in/IFICInfo
Facebook: facebook.com/IFICinfo
Vimeo: vimeo.com/integratedcare
Bluesky: @IFICinfo

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