



# Health Services Report

2003

## Accessibility

Care that's within reach of every Ontarian

## Accountability

Providers and administrators taking responsibility for our work

## Universality

Healthcare that's available to everyone without exception

# Contents

3	Letter from David J. McCutcheon, Assistant Deputy Minister To our Partners in Healthcare
4	HSD at a Glance
6	Branches
11	Enabling Primary Care
13	Enabling Pharmaceutical Care
15	Enabling Healthcare Providers
17	Enabling E-Health
18	Health Services Division Financials Drugs Assistive Devices OHIP Laboratory
21	HSD Miscellany



## To our Partners in Healthcare

Welcome to this, our first ever corporate brochure. I hope it gives you a sense of the range of services Health Services Division provides to enable our healthcare professionals to do their best each and every day.

This past year posed challenges that stressed our healthcare system as it never has been before. I'm proud to say that our province's healthcare providers, though severely tested, did not come up wanting, and in fact acquitted themselves in a way that brings honour to all involved. Events like the outbreak of Severe Acute Respiratory Syndrome (SARS) showed the world the blend of innovation, expertise and compassion that characterizes our healthcare system.



SARS reminded us of an earlier era in healthcare, one characterized by the fight against infectious disease rather than the chronic-care focus of today. And SARS reminded us too that underpinning healthcare is a sense of our own human biology. One of the principles of biology is unity in diversity. It's interesting then to see this principle come full circle with healthcare administrators like myself seeking the same unity in our system and working to find ways to strengthen it and encourage its growth.

Our work is focused on helping Ontario's healthcare providers do their work in the best way possible, supported by innovative funding strategies, technology and medicine. It's only through our healthcare partners that we can reach our goal – to meet the current and future healthcare needs of all Ontarians wherever and whenever they need care.

To borrow from another science, namely physics, there is no constant except change. In healthcare this change is accelerating as we face new pressures – new drugs and treatment options, new strategies to encourage what is now called wellness and new health human resources challenges. And overlaying it all are the realities of an aging population and its healthcare demands, often of a chronic nature.

I look forward to meeting this change, to helping to bring unity to our complex healthcare system. At the end of the day, we in Health Services Division measure our successes by those of our healthcare partners. Together we can make a difference in the health of Ontarians and that is the *raison d'être* for all of us – providers and administrators alike.

Yours truly,

A handwritten signature in black ink that reads "David J. McCutcheon". The signature is fluid and cursive, with a large, stylized initial 'D'.

David J. McCutcheon MD, MBA, CHE  
Assistant Deputy Minister  
Health Services Division

## HSD at a Glance

Health Services Division enables healthcare professionals by providing the means and the opportunity to do the work they're trained to do, for the benefit of all Ontarians. We work closely with healthcare providers to manage the provincial health insurance system (OHIP), administer alternative payment programs, ensure accountability, operate the province's drug programs, oversee laboratories and diagnostic facilities as well as to develop strategies to adapt to the changing landscape of healthcare. Our initiatives are diverse and complex and embrace all of Ontario's 12 million people. We are committed to delivering them with innovation and compassion by enabling our healthcare partners to give their best.



- **Drug Programs**
- **ePhysician Project**
- **Fraud Programs**
- **Operational Support**
- **Registration and Claims**
- **Physician Services**
  - **AHSC Project**
  - **Alternate Payment Programs**
  - **Laboratories**
  - **Primary Healthcare and Physician Policy**
  - **Provider Services**

# Branches

Branch	Our Focus	Strategic Direction
<b>Physician Services</b>	We help physicians provide the healthcare Ontarians need. We do this by developing approaches to compensation that reflect the unique needs of physicians in different parts of the province and in different types of practice, by building stability and equity into the healthcare system and by making sure that the ministry and the physician community understand each other's processes and needs.	Ontario's population is changing, which in turn is altering the type of healthcare we require. At the same time the physician community is changing to accommodate these requirements. We are working to make sure that physicians have the supports they require, now and in the future, to deliver the healthcare we need.
<b>Academic Health Sciences Centres (AHSC) Project</b>	We develop and implement alternative funding plans for Ontario's academic health sciences centres, creating stable long-term funding for clinical practice, teaching and research.	We're seeing how alternative funding plans can support the delivery of world-class care. Now we're working with healthcare professionals to look at ways to use these plans so that equitable funding can continue to support this excellence.
<b>Alternate Payment Programs</b>	We design, develop and implement a range of alternative funding strategies for healthcare providers – each one tailored to their unique situation. We also manage the more than 1,000 independent health facilities that provide diagnostic services across the province.	We're working with providers to create responsive funding solutions that will continue to satisfy the healthcare needs of Ontarians. This means finding new ways to support the changing world of healthcare delivery – both community and primary care-based and hospital-based.
<b>Drug Programs</b>	We develop and manage programs that provide the best possible outcomes for Ontarians needing drug care. Our work includes determining which drugs to make available to program users, providing prescribers with the information they need to effectively treat their patients and managing a repayment system for prescription drugs.	We're working to bring together prescribers and pharmacists to encourage the sharing of knowledge and best practices. We are also working with our federal, provincial and territorial counterparts to build the Common Drug Review, which will streamline the drug approval process. And we are refining our programs to make sure that needed drugs are available – especially ground-breaking new pharmaceuticals.
<b>ePhysician Project</b>	We develop and implement comprehensive and affordable Information Technology solutions that meet the needs of Ontario's physicians. Our offerings will enable them to manage their patients' records more effectively and with the highest degree of security. They will also connect physicians to relevant medical information and other healthcare providers to help them deliver the best care possible to their patients.	We continue to work to help physicians get the most from Information Technology by evaluating new tools and by giving them the support and guidance they need to manage and sustain change.
<b>Fraud Programs</b>	Together with our colleagues throughout the ministry and in the Ontario Provincial Police, we protect Ontario's healthcare resources from fraudulent and related criminal activities.	We're working towards zero tolerance for healthcare fraud, making sure that our budget dollars are spent on legitimate services for those entitled to receive them. To do this, we're working with our healthcare partners to raise awareness and create tools to fight fraud.

**From the Director**

*“It has never been more important for physicians and government to understand each other and work closely together. Together our goal will be to ensure Ontarians receive the best possible healthcare.”*



Dawn Ogram,  
Executive Director

*“Our work helps AHSCs recruit and retain the best and brightest scientific and medical minds. The concrete result of this strategy is improved and innovative healthcare for all Ontarians.”*



Michelle Chibba, Manager,  
Planning and Finance

*“Our healthcare environment has never been more demanding. We need to help healthcare professionals focus on what they do best – giving the best care possible. Our funding plans do this by creating stability and equity.”*



Karen Stanley, Director,  
Alternate Payment Programs

*“We’re continuously seeking ways to make sure that pharmaceutical care in Ontario is based on the best and most up-to-date clinical evidence, so that the right person gets the right drug at the right time.”*



Susan Paetkau, Director,  
Drug Programs

*“Information Technology is a powerful tool for Ontario’s physicians. Our job is to help physicians make IT integral to their work and use it to securely access and manage the information they need to provide world class healthcare.”*



Marian Macdonald, Director,  
Project Management Office,  
ePhysician Project

*“Every dollar lost to fraud is a dollar lost to healthcare. Working as a team with our providers, we need to meet this challenge head on.”*



Evan Evans, Director,  
Fraud Programs

## Branches (cont'd)

Branch	Our Focus	Strategic Direction
<b>Laboratories</b>	About 80 per cent of diagnoses rely on lab results. We license and inspect all medical laboratories in Ontario. We also develop and manage the provincial Public Health Laboratory service in support of public health programs and set policy for community health labs.	We're enhancing the capability of Ontario's labs to respond quickly to emerging health threats like SARS. We're doing this through lab reform initiatives, an Ontario-wide quality management system, and the use of information technology to link labs to every other part of the healthcare system.
<b>Operational Support</b>	We support our division with strategic planning, financial reporting and business planning, as well as operational policy coordination. We also manage the Assistive Devices Program, which provides aids like wheelchairs to Ontarians who need them.	Looking ahead, we will continue to provide the bedrock for our branches to build on, helping them to integrate their work and managing our division within our fiscal framework. This means delivering the long-range planning that will allow future healthcare services to meet future health needs.
<b>Primary Care and Physician Policy</b>	We create opportunities for healthcare professionals to work together in supportive environments that give Ontarians the front-line healthcare they need. This involves developing and implementing primary care group practice models, building alternative compensation models, creating circumstances for other providers like nurse practitioners to work collaboratively and helping healthcare professionals work as a valued part of a team.	We're creating the change needed to meet the challenges of an aging population and a rise in chronic conditions. We continue to work to make our front-line healthcare system more responsive, more inclusive of all providers and more focused on preventive measures to keep people well.
<b>Provider Services</b>	We develop, implement and monitor programs and policy for Ontario's physicians, chiropractors, optometrists, podiatrists, dentists and physiotherapists. This includes making sure our fee schedules are relevant to allow for the care Ontarians need.	We're working to make our programs more responsive to reflect the more complex and diverse world of healthcare delivery today and to plan for Ontario's healthcare needs tomorrow.
<b>Registration and Claims</b>	We manage the Ontario Health Insurance Plan (OHIP), one of the largest and most complex healthcare programs in North America. We do this by registering eligible Ontarians, processing healthcare provider service claims, managing contracts and ensuring the quality of services delivered.	Nothing stays the same in healthcare. We've learned from the first days of OHIP that technology can be used to better support our healthcare providers and help them deliver better care. We're working to implement e-health solutions that will continue this evolution.

**From the Director**

---

*“Getting accurate lab results quickly to healthcare providers makes all the difference for patient care. Our innovations will enhance the connectivity of our system and improve health outcomes for Ontarians.”*



Marnie Cooper,  
Director (A), Laboratories

*“We have a dual role – to help our branches work effectively both within the division and with our ministry, and to plan for the future shape of the healthcare system.”*



Karen Gansel,  
Senior Manager,  
Assistive Devices Program



Gordon H. Aue, Director,  
Operational Support

*“Primary care is about access. The healthcare needs of Ontarians today are very different from those of the early days of medicare and this means that our solutions have to evolve to meet these demands within a universally accessible framework.”*



Marsha Barnes,  
Director, Primary Care  
and Physician Policy

*“A team approach involving both ministry and healthcare professionals helps deliver the care that Ontarians need, now and in the future.”*



Susan Fitzpatrick,  
Director, Provider Services

*“OHIP is the most visible public face of our division, and the reason for our unrelenting dedication to client service and provider collaboration.”*



Jim Jack, Director,  
Registration and Claims



*Primary care is often a patient's first point of contact with the healthcare system.*

## Enabling Primary Care

Hamilton is a unique city, the core of which is home to about 340,000 people on the shores of Lake Ontario. The diversity of the city translates into unique healthcare challenges.

It's widely acknowledged that poverty and education levels ('socio-economic factors') affect health. It's acknowledged too that they can affect the accessibility of healthcare. That's what prompted Dr. Nick Kates of the Hamilton HSO Mental Health and Nutrition Program to look at new ways to deliver mental health programs to the city's neediest people.

His objectives were to expand access to specialized care like mental health services and to make it available where the patients are most likely to come – their local primary care setting. This approach also makes the range of services available to healthcare consumers more comprehensive.

The Health Service Organization (HSO) model enabled Dr. Kates to bring mental health professionals to family practices on a periodic basis and provide assessments, advice and care to patients and family physicians, as well as to coordinate access to longer-term mental healthcare. Patient and physician response proves the validity of this approach – more than 90 per cent were satisfied and the program won an Achievement Award from the American Psychological Association in 2000.

The HSO is one of the earliest models developed by the government to give healthcare professionals a flexible framework to provide healthcare solutions that are adaptable and responsive to local community needs. The primary healthcare team at the ministry learned early on that a one size group practice model doesn't fit every solution or every professional's preference. That's why there are several models in place to support front-line healthcare providers – including the newest, the Family Health Group.

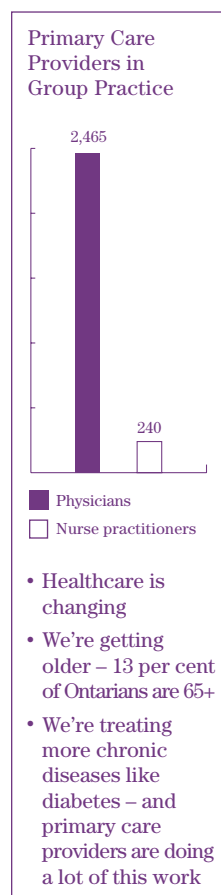
Most importantly, these models empower healthcare providers to work together, partnering to deliver better healthcare and capitalizing on the diverse skills each professional can bring to the practice. It is proof positive that in healthcare the whole is truly greater than the sum of its parts.

On the other side of the province in Sharbot Lake another model is at work – the Primary Care Network (PCN). About 4,500 people live in the rural area anchored by Sharbot Lake Village, 120 kilometres west of Ottawa. With income levels well below the provincial average, many are poor. Like Hamilton, the health challenges are unique. The Rural Kingston Primary Care Network enables healthcare providers like nurse practitioners to give this dispersed community the comprehensive care it needs. Nurse practitioners work collaboratively with physicians and other providers and can diagnose and treat many common illnesses as well as prescribe many drugs. They're often a patient's first point of contact. The challenges of delivering rural healthcare and the integral role of nurse practitioners have made Sharbot Lake a proving ground of sorts. Family medicine and nurse practitioner students from Queen's University come here to learn how comprehensive and responsive community healthcare can be delivered in even the most trying circumstances.

The original meaning of the word 'health' is 'wholeness.' In practical terms, this means caring for the whole needs of Ontarians – their physical and mental health – and treating the complete person using the skills of a range of healthcare professionals to get the best possible outcome. It also means creating practice models and opportunities for healthcare professionals to use the entire scope of their practice, to work together as a cohesive team and to renew their sense of vocation.



Darlene Wong,  
Alternate Payment Programs





*Drug programs help seniors stay  
healthy and independent.*

## Enabling Pharmaceutical Care

In 1914, on the eve of the Great War, a dispensary opened on College Street in Toronto, not far from Queen's Park. The Gage Institute was intended to serve as a complement to tuberculosis sanitariums throughout the province. For patients, it was a source of rudimentary drug treatments. For physicians treating this terrible disease, it was a source of information about prescribing options. It marks one of the first known collaborations between pharmaceutical experts and the physician community – collaborations that enhance the quality of care patients receive.



Mohan Thirugnanam,  
Trillium Drug Program

Almost a decade later and a little down the road, researchers Banting and Best discovered the hormone insulin. While insulin did not cure diabetes, it allowed patients to live beyond the mere months that was their typical life span if left untreated.

More than eighty years later, these two seminal events form two of the major challenges and opportunities facing the Drug Programs Branch today – encouraging the sharing of prescribing information and best practices and using drugs to manage chronic conditions.

The age of vaccines has given way to the genomics revolution, which has in turn yielded to the post-genomics era. It is an increasingly complex universe of drug therapy options for both physical and mental illnesses. We are often able to intervene to contain or reverse chronic conditions.

The challenges remain the same – to ensure that prescribers have all the information they need to make educated drug therapy decisions and to use drugs rationally within an accountable framework. That framework consists of the programs that the Drug Programs Branch maintains.

The Romanow Commission called for catastrophic care drug insurance programs across the country. Ontario has recognized that without such a drug program in place, many patients won't have access to the life-saving drugs they need. That's why the Trillium Drug Program was established. Similarly, people suffering from serious diseases such as AIDS, schizophrenia and end stage renal disease often have to take complex 'drug cocktails' that are very expensive. The principle of universal and accessible healthcare demands that these drugs be made available to those who need them and that's what the Drug Programs Branch does.

One of the fastest growing areas of drug therapy is care of chronic conditions. Here pharmaceutical care usually means that the patient, often a senior, is taking several drugs. Prescribers can benefit from the depth of knowledge pharmacists have about drug therapy options to prevent adverse reactions due to drug combinations and enhance the quality of care Ontarians receive. That's why the Drug Programs Branch has launched pilot projects to learn how these healthcare professionals can work more closely together, especially in primary care settings. The Branch is also working to provide prescribing best practices information through the Drug Quality and Therapeutics Committee Bulletin, a communication that reaches all of Ontario's doctors and pharmacists.

Drug Programs Branch has a duty to the people of Ontario to ensure that tax dollars are used to deliver the best care possible. This translates into a structured approach to making drugs available. A discipline called pharmaco-economics is used to evaluate the cost-effectiveness of a drug but often newly marketed drugs may not have sufficient cost-effectiveness data to merit a listing. The Branch works to make these drugs available in a controlled fashion until enough information is available to make a listing decision. This is an example of the balancing act that the Drug Programs Branch engages in – making sure that Ontarians get the care they need while ensuring that the government's drug programs remain fiscally accountable to the people.

The Drug Programs Branch uses its energy and skill to find innovative ways to support healthcare professionals and enable them to provide the best quality drug care for the people of Ontario.

- 2.1 million Ontarians benefit from government drug programs
- 65.2 per cent of drug program users are seniors
- 54 new brand drug products and 103 generic drug products were made available to Ontarians in the past year



*Academic health sciences centres blend research and teaching excellence with individual care.*

# Enabling Healthcare Providers

Toronto's Bloorview MacMillan Children's Centre is a unique facility. Each year about 6,500 children from all over Ontario come to this centre to receive rehabilitation and complex continuing care. It's about helping children with disabilities reach their goals and realize their potential, whether that's learning to walk with crutches or preparing for community living. The care team is interdisciplinary and includes therapists, physicians and pharmacists. But Bloorview MacMillan is much more than an award-winning care centre. It's also a locus of research that yields real results, like MyoMicro, the world's first programmable device for prosthetic devices, invented right here at the centre.



Julie Coronios,  
AHSC Project

Bloorview MacMillan is extraordinary but it isn't unique in its approach. Across Ontario there are many academic health sciences centres that bring clinical care, learning, teaching and research under one roof. Although they all share a common objective, each of them has different needs. This means that government funding of these centres of excellence has to recognize singular situations and provide tailored and flexible solutions. Teaching tomorrow's caregivers, attracting the best and brightest minds and enabling cutting-edge research is the payoff for these alternative funding arrangements. It's just one way we're working with healthcare professionals to give them the supportive framework they need to do their best.

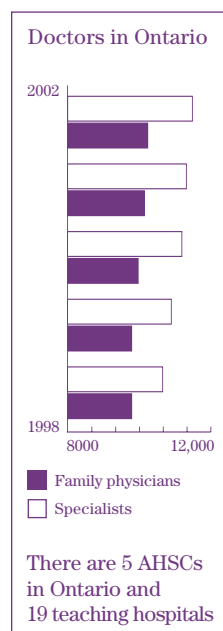
Funding plans like these bring unity and focus to healthcare delivery – enabling healthcare providers to concentrate on what they're trained to do and orienting healthcare facilities towards patient care and healthy outcomes. This is why we're finding more opportunities to use alternative funding arrangements. For example, the emergency department is often considered the pivot of a hospital, where much of the most intense work goes on. It's complex, demanding and unforgiving work. Stable alternative funding that supports these services lets healthcare professionals get on with the job and ensures that the necessary level of urgent care is available to the community the hospital serves.

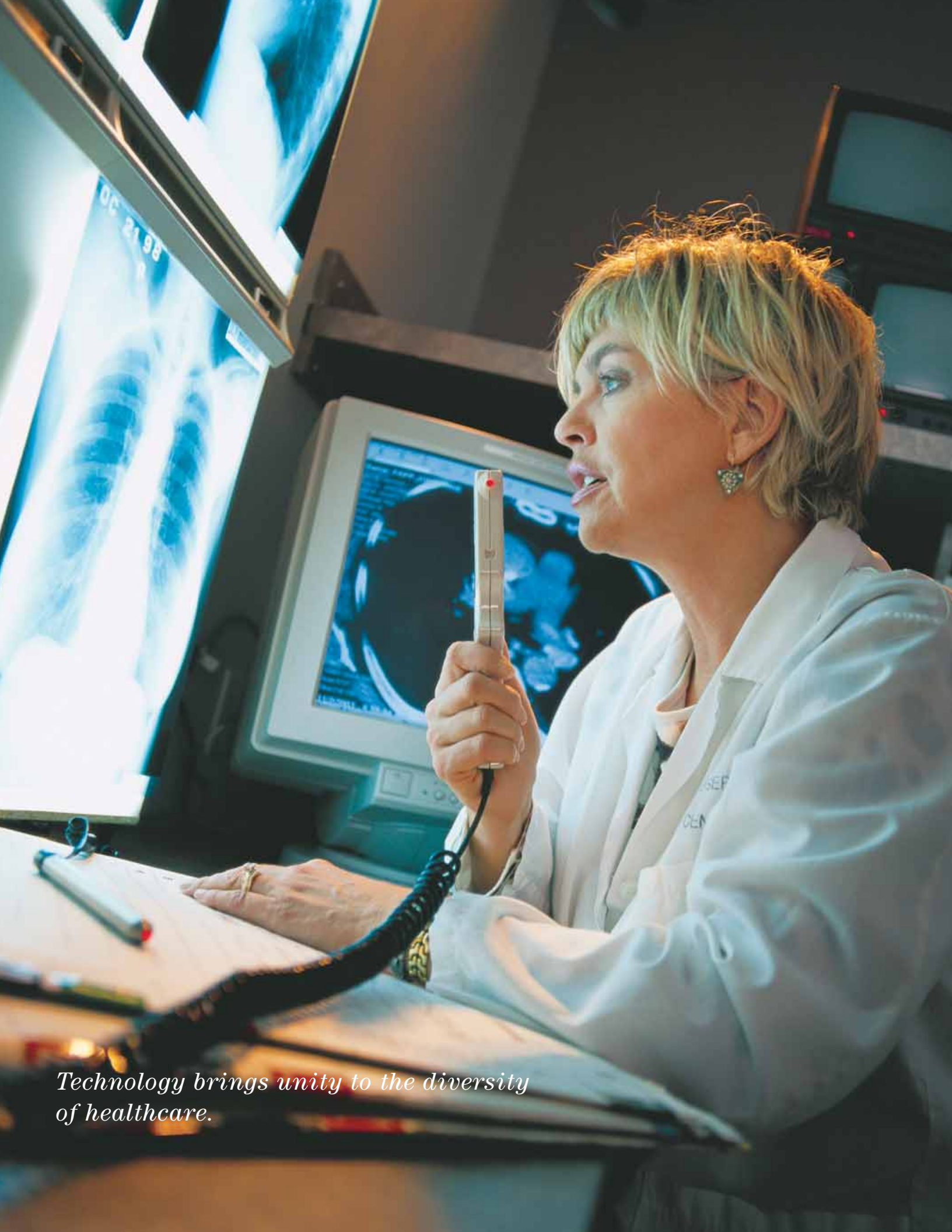
There's no question that it is a more complex world now than in the first days of the Ontario Health Insurance Plan (OHIP) – the era of paper health cards and hospital-based and physician-focused care. Ontarians get more services delivered by a more diverse array of providers and in many different practice environments. It's our job to weave this diversity of healthcare delivery into a cohesive and effective whole. For most Ontarians, this is the unseen face of healthcare – the administration that supports healthcare providers. While they will think of OHIP when they register for eligibility, renew their health card or receive out-of-province or out-of-country care, there is a hidden world of service behind it all. It ranges from processing billings for physicians and other OHIP-billing providers to maintaining the fee schedules that list OHIP-eligible healthcare services so that providers are able to perform necessary procedures and get paid appropriately for doing so.

Healthcare is a team endeavour and that's the approach we take with our healthcare partners. We're working to help the human beings who deliver care – providers like physicians, chiropractors, physiotherapists, optometrists and podiatrists. From formal negotiations to informal discussions, we're making sure that the healthcare that's delivered is evidence-based and provides a concrete benefit to Ontarians. Our goal is to make it easier for healthcare professionals to do their vital work.

And it's paying off. Just last year cardiologists at the London Health Sciences Centre developed a new procedure for stroke prevention that will help reduce the incidence of this devastating event.

And through our management of OHIP we're making sure that one card – the health card, will continue to provide Ontarians access to this universe of care.





*Technology brings unity to the diversity of healthcare.*

# Enabling E-Health

## The Road Ahead

What would the healthcare world look like if every point of care were seamlessly connected to every other point? If every laboratory, hospital, physician, primary care centre and pharmacy could talk to each other. We're working to make this vision a reality and we're already seeing tantalizing evidence of the value of leveraging information technology to enhance healthcare.



Stephanie Robertson,  
Client Registry and Identity  
Management Project

What information technology offers is not so much an incremental improvement in the quality of care Ontarians get but rather a quantum leap in the way care is coordinated and delivered. It's no exaggeration to say that we're standing at the threshold of the next paradigm shift in healthcare delivery. Every other aspect of our lives is being transformed by technology and healthcare is no different.

Imagine if instead of waiting for days, your physician could obtain your laboratory test results online and in real time. Imagine if your physician could discuss your case with a specialist like one of the few endocrinologists in the province. The practical benefits of speed of response, access to knowledge and coordination of care could make all the difference to your health.

But it's not simply a matter of our healthcare system being 'saved by technology.' It comes down to the same principles that guide the work of Health Services Division in everything we do – empowering healthcare providers to give Ontarians the care they need, where and when they need it.

E-health underpins much of the cutting-edge work throughout the Ministry of Health and Long-Term Care. The Ontario Laboratories Information System will integrate our labs into one network, using a common technology platform to deliver test results quickly. Similarly, the Health Network System, which already connects Ontario's 2,800 pharmacies, is being enhanced to add true interactive communications. We're also working to develop a strategy for using a common patient identifier throughout the healthcare system to improve continuity of care.

We recognize that most patient encounters take place on the front-lines – the primary care clinics and centres across our province. That's one reason why we're working to implement the ePhysicians' Project. This will bring information technology solutions to primary care physicians, supply the change management they need to capitalize on this opportunity, as well as build an Internet portal for them to access the most current clinical information and converse with their colleagues.

It's about connectivity, recognizing that the whole of our healthcare system is greater than the sum of its parts. We can bring information technology to bear on the challenges we face and transform our loosely-knit, diverse system into a unified whole. The path lies in offering the support that will empower healthcare providers, from Rainy River to Chatham to Pembroke, to work more closely together and lever their knowledge for the benefit of all healthcare consumers.

Our critical challenge is to manage the transfer of information among the professionals and within the organizations that provide healthcare, as well as the transfer of information within the healthcare system as a whole.

# Health Services Division Financials

The following tables illustrate four of the principal drivers for Health Services Division expenditures – drugs, assistive devices, payments to healthcare providers through the Ontario Health Insurance Plan (OHIP) and laboratories.

Funding for drugs is typically disbursed through a reimbursement regime, within the framework of one of the three drug programs in use – the Ontario Drug Benefit plan, the Trillium Drug Program and the Special Drugs Program. Assistive devices, such as home oxygen, hearing aids and wheelchairs, are funded in the same way. OHIP payments are disbursed through a fee-for-service mechanism whereby a provider submits a claim for a service provided and is compensated after the service from a pool of funds allocated for this purpose. Some providers may be compensated through non-fee-for-service means, such as alternative funding plans or, in the case of some primary care models, through capitation. Unlike drugs, OHIP or laboratories, community laboratory funding has a hard cap and works under an innovative agreement struck by the ministry and the Ontario Association of Municipal Laboratories.

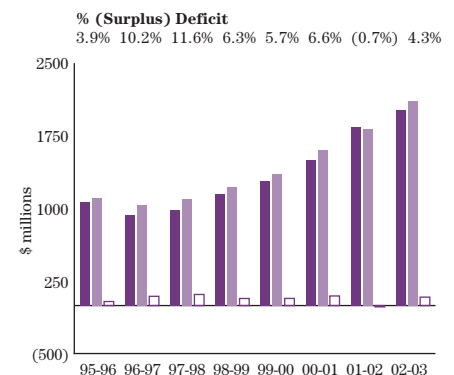
Because much of the government’s healthcare funding is driven by utilization, costs have been rising over the past decade. Factors like an aging population, new (and more expensive) drug therapies and patient desire to remain independent and in the home have all contributed to increased program expenditure. Year-over-year spending continues to outpace inflation. Drug spending is the fastest growing, with a compound annual growth rate of 9.6 per cent over the past seven years. Laboratory spending has also risen rapidly, at 8.2 per cent over the same period. OHIP spending grew by 4.6 per cent over the same period while spending on assistive devices grew at a compound rate of 2.6 per cent. These rates are smoothed over time but, as the data in the accompanying charts show, growth has been at varying rates. The overall trend though, is one of increased expenditure.

## Drugs

Estimates Compared to Actual Expenditures (published) from 1995-96 to 2002-03 (\$ millions)

Growth in Appropriations \$954.7m or 89.9%  
 Growth in Actuals \$999.9m or 90.6%

	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
Estimates	\$1,062.3	\$938.4	\$983.4	\$1,151.5	\$1,287.4	\$1,500.1	\$1,837.9	\$2,017.0
Actual	\$1,104.0	\$1,033.7	\$1,097.7	\$1,224.4	\$1,360.9	\$1,599.1	\$1,824.6	\$2,103.9
Deficit (Surplus)	\$41.7	\$95.3	\$114.3	\$72.9	\$73.5	\$99.0	\$(13.3)	\$86.9



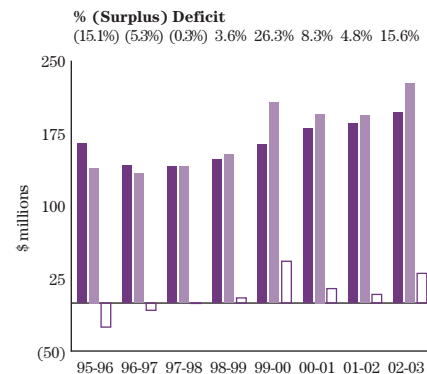
## Assistive Devices

Estimates Compared to Actual Expenditures (published) from 1995-96 to 2002-03 (\$ millions)

Growth in Appropriations \$32.18m or 19.6%

Growth in Actuals \$87.5m or 62.8%

	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
Estimates	\$164.1	\$141.4	\$141.2	\$148.2	\$163.6	\$180.1	\$184.9	\$196.2
Actual	\$139.3	\$133.9	\$140.8	\$153.5	\$206.7	\$195.0	\$193.8	\$226.8
Deficit (Surplus)	\$(24.8)	\$(7.5)	\$(0.4)	\$5.3	\$43.1	\$14.9	\$8.9	\$30.6



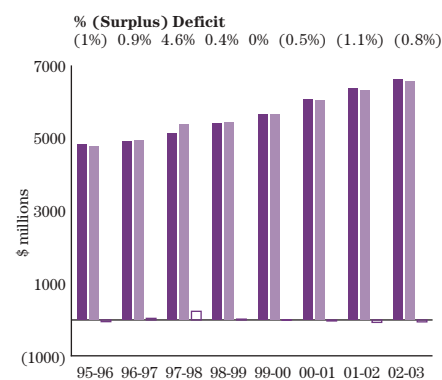
## OHIP

Estimates Compared to Actual Expenditures (published) from 1995-96 to 2002-03 (\$ millions)

Growth in Appropriations \$1,773.3m or 36.7%

Growth in Actuals \$1,767.3m or 37%

	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
Estimates	\$4,827.6	\$4,896.8	\$5,135.8	\$5,412.6	\$5,661.4	\$6,061.2	\$6,368.8	\$6,600.9
Actual	\$4,780.6	\$4,940.3	\$5,373.0	\$5,435.2	\$5,658.9	\$6,033.6	\$6,301.7	\$6,547.9
Deficit (Surplus)	\$(47.0)	\$43.5	\$237.2	\$22.6	\$(2.5)	\$(27.6)	\$(67.1)	\$(53.0)



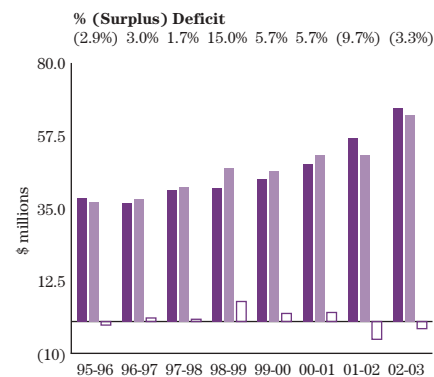
## Laboratory

Estimates Compared to Actual Expenditures (published) from 1995-96 to 2002-03 (\$ millions)

Growth in Appropriations \$28m or 73.8%

Growth in Actuals \$27m or 73%

	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
Estimates	\$38.1	\$36.8	\$40.8	\$41.2	\$44.2	\$48.7	\$56.9	\$66.2
Actual	\$37.0	\$37.9	\$41.5	\$47.4	\$46.7	\$51.5	\$51.4	\$64.0
Deficit (Surplus)	\$(1.1)	\$1.1	\$0.7	\$6.2	\$2.5	\$2.8	\$(5.5)	\$(2.2)





# HSD Miscellany

- 2.1 million:** the number of Ontario Drug Benefit plan recipients served
- 60 million:** the number of drug claims processed each year
- 60,000:** the number of Trillium Drug Program households
- 15,000:** the number of Special Drugs Program recipients
- 2,800:** the number of pharmacies connected to the Health Network System
- 24,670:** the number of wheelchairs funded
- 22,627:** the number of home oxygen systems funded
- 148 million:** the number of provider payment claims processed annually
- 1,000:** the number of Independent Health Facilities administered
- 2 million:** the number of health cards issued annually
- 13,370 million:** the number of patient visits per year served by the community laboratory sector
- 250:** the number of alternative funding plans for physician practice groups administered
- 369:** the number of nurse practitioner contracts administered
- \$4.9 billion:** the amount of fee-for-service payments to physicians managed
- 1,450:** the number of new physicians and other practitioners registered each year
- 218,000:** the number of help desk calls Registration and Claims Branch responded to last year
- 26:** the number of OHIP offices in the province
- 170:** the number of OHIP outreach sites

Ministry of Health and Long-Term Care  
Health Services Division  
11th floor  
Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 1R3

Phone: 416-327-4266  
Fax: 416-314-5915

[www.health.gov.on.ca](http://www.health.gov.on.ca)