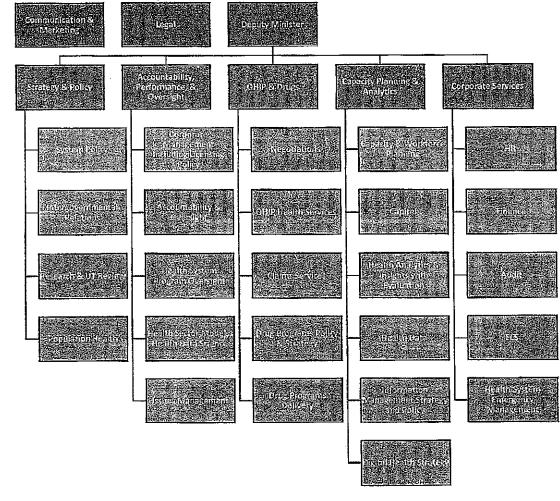
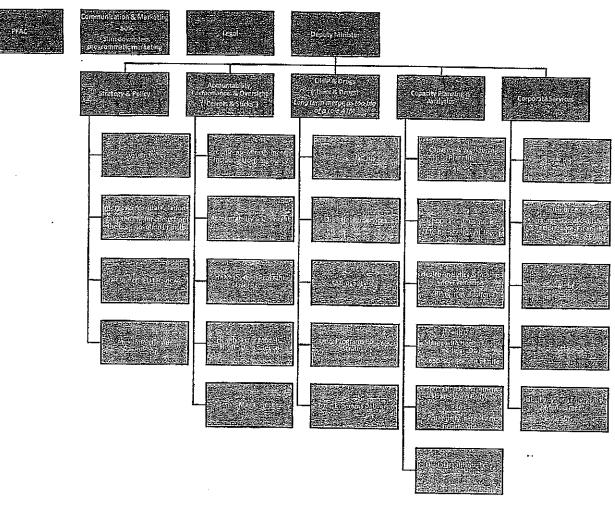
# ADM Workshop #2

December 13, 2018 CONFIDENTIAL

# Working Draft – Clean (notes on next slide)



## Working Draft – Notes



#### Downloaded to Agency

- Digital Health Secretariat 90%
- Health Data 80%
- Financial Reporting 80%
- Provincial Chief Nursing Officer (tough optics)
- Genetics
- Assumption of merging:
  - Health Protection & Surveillance <u>Policy</u> & Programs – 80%
  - Health Promotion & Prevention <u>Policy</u> & Programs – 80%
  - Health Improvement Policy & Programs 80%
- Home & Community Care 80%
- Primary Health Care 80%

- Mental Health & Addictions <u>Policy</u>, <u>Accountability</u> and <u>Provincial Partnership</u> – 80%
- Justice, Forensics & Supportive Housing 80%
- Health Sector Models 50%
- Merge: <u>Policy</u> & Innovation 80% and Health
  Quality Ontario Liaison & Program Development
   80%
- Hospitals 80%
- Provincial Programs 80%
- Emergency Health Regulator & Accountability -80%
- Enhancing Emergency Services in Ontario 80%

#### Branches To Phase Out

- Business Innovation Office
- Health Equity (agency will complete through greater quality agenda)
- Health Innovation and Strategies
- Strategy Execution
- Special Projects (there should be nothing that warrants a special projects branch)
- Local Health Integration Network Renewal (consolidated with LHIN Liaison)
- Emergency Health Services

### Outsourcing/Transfer to BPS

#### **Outsourcing**

- Inspections
- Laboratories
- Licensing
- Devices
- Ornge

#### **Transfer to BPS**

- Paramedic Management
- Operational Capital
- CACC

### Parking Lot

- CMOH
- Corporate I&IT
  - Most will be centralized, and the rest will go to the Agency
- Regulated Profession

### Key factors to consider

- The Agency doesn't do research as research leads to strategy
- PFACs need to be clear on the differences of scope (TOR) at each tier (i.e. IDS, Agency, Ministry)
- Will need to separate the levels of accountability
- In order to make the case for this new model, will want to show the benefit e.g. illustrate the reduction of touchpoints between the ministry and hospitals