# **Service Accountability Agreements** (SAAs)

THE 2023/24 & FUTURE SAAs (2024/25 AND BEYOND)

OCTOBER 2022



# Background

## **About the SAAs**

- SAAs are legal vehicles that delineate accountabilities and performance expectations, and allow Ontario Health (OH) to flow funding to Health Service Providers (HSPs)
- The agreements lay the foundation for HSPs and OH to work together, and with others, to achieve evolving provincial, regional and local priorities
- The agreements can be amended during the term, and schedules (including indicators, targets and standards) are refreshed on an annual basis.



## **SAAs Across the Province**

On April 1, 2021, a total of 1,614 SAAs were transferred to OH by means of a transfer order issued by the Minister of Health (MOH) under the Connecting Care Act, 2019.

		Type of SAA							
Region	HSAA (Hospital)		PHSAA (Private Hospital)		MSAA* (Multi-sector)		LSAA (Long-term Care Home)		Total
Central	16		2		152		110		280
East	34		0		178		146		358
North	37		0		188		39		264
Toronto	14		2		130		36		182
West	40		1		253		236		530
TOTAL	141	9%	5	0.3%	901	56%	567	35%	1614
Funding Amount	\$19.1B	73%	\$0.05B	0.2%	\$2.7B	10%	\$4.1B	16%	\$26.0B

\* MSAAs includes Community Support Services, Community Health Centres, and Community Mental Health and Addictions

## **Elements of the SAAs**

- Body (Legal Agreement/General Conditions): identifies the terms and conditions of funding
- Indicators: outlines expectations that will be performance managed, monitored etc.
- Local obligations: historically, LHIN specific obligations (approach to be updated for 23/24)
- Other schedules
  - Funding: identify OH funding, funding allocations and service volumes
  - Reporting: requirements to provide information that is related to the funding that is provided under the SAA
  - Declaration of Compliance (M/LSAA): HSP declaration that it has fulfilled, its obligations under the SAA
  - Sector specific schedules
- Funding letters issued over the course of the year serve as amendments to the SAA



# **The Road Forward**

## **Current State**

A focus on pandemic response and the transition of 22 agencies into OH, resulted in the extension of the FY2019/20 SAA schedules without adjustments or renegotiations

 Do not provide a consolidated reflection of base funding investments, activities and any updates that have taken place over the last two years

The system wants change but that change has to be mindful and thoughtful. There is a need to balance practicalities of changing SAAs today, with readiness

• Extent and timeline of change needs to consider time, field readiness and variability, OH readiness, volatility in the environment, OH regional staffing resource availability





## **Principles for SAA Roadmap**

- 1. We will work together to help inform meaningful changes, streamlining of processes and more meaningful SAA process for FY2023/24 and beyond
- 2. We will undertake work with a spirit of trust and collaboration
- 3. We will communicate openly and regularly with HSPs and partners



## **The Road Forward**



## **Goals for SAA Refresh**

During the pandemic, the healthcare system came together rapidly to ensure a system response to challenges. OH has played a central coordination role in this - the goal is to carry over the partnership and coordination approach to enable health system recovery and accountability.

Accountability agreements will enable the province's future healthcare strategy

- Supports system value ("outcomes/cost")
- Supports the achievement of OH priorities (e.g., health equity data collection and utilization, COVID-19 system recovery, system transformation, Ontario Health Teams (OHTs), etc.)
- Aligns with MOH-OH Integrated Accountability Agreement (IAA), OHTs and other provincial strategies
- Aligns with overall system planning and performance management approaches

#### More meaningful and consistent performance management

- Leverages best practices and evidence-based approaches
- Holds organizations accountable for quality and outcomes
- Standardizes approaches for consistent practice across the province
- Supports health system and HSP awareness through use of business intelligence tools, data and information

#### Streamlined and aligned accountability agreements held by providers

• Utilizes efficient processes that reduce redundancy in negotiation, reporting, and performance management

Build and enhance partnerships with Health Service Providers

# 2023/24 Agreement: Meaningful Changes within the Current Agreement Structure

## Work to Date

#### **Literature Review**

Literature review to help guide planning

#### **Goal Assessment**

Review of current agreement in the context of the OH Annual Business Plan

### **Planning & Execution**

Road map development, identification of changes to the SAAs and indicators



#### **Current State Analysis**

Past sector feedback, Integrated Accountability Agreements, Office of the Audit General recommendations

### **Stakeholder Engagement**

SAA Advisory Committee, sector association and HSP engagements, OH clinical program/team consultations, HSP design sessions

## 2023/24 Agreement: Meaningful Changes within the Current Agreement Structure

- Streamlining the supporting processes such as the Accountability Planning Submission and performance management processes, among others, to increase value, efficiency and performance
- Establishing a coordinated and aligned approach for the use of local obligations in order to drive provincial priorities, but with appropriate local flexibility to build on and maintain momentum on the work being done in the regions, with an eye to scaling priority initiatives across the province
- Initiating work to refocus the indicators to align with outcomes and strategic goals, both where feasible for 2023/24 and in consideration of future changes. The intent is to move towards more meaningful indicators and targets for our current environment and health system goals, while being thoughtful about the appropriate level of change for each year
- Maintaining the current agreement structure, adjusting only in the spirit of clean-up/alignment to current state to build upon for SAA transformation in the coming years.



## **Streamline Supporting Processes**

#### **Accountability Planning Submission Process**

- Process supports OH understanding of HSPs and year-to-year changes; drives schedule generation
- OH has identified opportunities to streamline the HAPS/CAPS process to eliminate sections that are not included in the agreement and/or are a repetitive
- Given nature of LSAA/LAPS document there are very limited changes year to year. In order to be most sensitive to time, OH will work directly with providers to update the LSAA schedules

#### Assess policies which are reflected in SAAs

- SAAs are a vehicle for executing policy which is developed outside of SAA process
- In some cases, policies may create challenges which are then reflected in SAAs. OH and its partners have identified some policy challenges, and are working with the ministry to review and revise

#### **Performance Management Processes**

• OH will be working together with providers to improve/enhance performance management processes and tools to enable system improvement, consistency across regions, and in alignment with best practices



# Establish a Coordinated Approach for use of Local Obligations

- Goal of local obligations is to acknowledge potential for local priorities/needs. To that extent, each former LHIN historically established local obligations
- In 2023/24, Ontario Health will establish common goals, based on our strategic priorities
- The goals will be consistently reflected in local obligations, with flexibility in the specific obligations to address those needs, based on the local context



# Focus Indicators Towards Outcomes and Strategic Goals

#### **Driving Improved performance**

- Current SAAs include performance, monitoring, explanatory and developmental indicators
  - **Performance Indicator** means a measure of HSP performance for which a Performance Target is set.
  - **Monitoring Indicator** means a measure of HSP performance that may be monitored against provincial results or provincial targets, but for which no Performance Target is set.
  - **Explanatory Indicator** means a measure that is connected to and helps to explain performance in a Performance Indicator or a Monitoring Indicator. An Explanatory Indicator may or may not be a measure of the HSP's performance. No Performance Target is set for an Explanatory Indicator.
  - **Developmental Indicators** are in the process of being created and considered.
- OH has undertaken process of reviewing all indicators to ensure appropriateness for the 23/24 cycle given the current system climate.



## **Maintain Current Agreement Structure**

- Cleaning up the body of the agreement and aligning to current state to build upon for SAA transformation in the coming years
- This includes updating references to legislation and legacy agencies and other terms



Future Agreement (2024/25 and Beyond): Enabler to System Transformation

## Future Agreements (2024/25 and Beyond): Enabler to System Transformation

- 1. Transform SAAs to support system transformation in context of OHTs and other system changes
  - Consider replacement HSAA/MSAA/LSAA with a single system agreement ("integrated SAA")
- 2. Work with the MOH on funding strategies and reflect in SAA structure and process
- 3. Reflect on best practice opportunities that were not included in 2023/24 refresh
- 4. Implement opportunities for alignment between SAAs and other Transfer Payment Agreements including potential consolidation



# **Next Steps & SAA Timeline**

# **CAPS and HAPS**

#### HAPS/CAPS

- OH understands that planning assumptions are of critical importance to support an annual Planning Submission process.
- OH will ensure that planning assumptions are provided to all providers in the coming weeks. Please note, planning assumptions are not a commitment of funding
- This year, a draft CAPS/HAPS is due to the region on December 2, 2022, with final due by Jan 31, 2023.

#### HAPS/CAPS training and education

- Links to prerecorded CAPS and HAPS presentations will be distributed to HSPs by the OH regions
- Staff in the OH regions are the primary contacts for HSPs. Regions will engage with providers to respond to questions regarding the CAPS and HAPS
- A 'Question and Answer' document, compiling HSP questions will be available for HSPs from the OH regions

#### HAPS/CAPS board approval

 Board approval of the HAPS and CAPS is not an OH requirement, though HSPs should engage their required internal approval processes

# LSAA & LAPS

### **Population of the LSAA Schedules**

- There will be no requirement for Long-Term Care Homes to submit a LAPS. Instead, Ontario Health will work directly with Long-term care homes to generate schedules
- By mid-December Ontario Health regions will distribute the LSAA schedules to LTCHs to populate, and return back to the region with a copy of their licence by the end of January 13<sup>th</sup>, 2023. Additionally, Ontario Health will engage in discussion with the LTC regarding opportunities and risks.
- Prior to December, LTCHs should ensure the contact information for their organization's SAA signatories/LSAA contacts are up-to-date with their Ontario Health region



## **Next Steps**

- Finalized SAA and indicators changes and communicate to the field
- OH regions to communicate planning assumptions to HSPs
- CAPS and HAPS and LSAA schedule completion processes begins
- OH region discussions with HSPs regarding performance indicator, target and corridors

# **SAA Timeline**

Key Activities	Timeline		
Communication on proposed changes and education on the CAPS and HAPS processes	October 14 <sup>th</sup> - November 7 <sup>th</sup>		
CAPS and HAPS Notice distribution	By November 4 <sup>th</sup>		
CAPS and HAPS launched in SRI	November 7 <sup>th</sup>		
Memo to the Field #2: Finalized changes to the agreements and schedules	By November 30 <sup>th</sup>		
Initial CAPS and HAPS due to Ontario Health Regions	By December 2 <sup>nd</sup>		
LSAA schedules distributed to LTCHs for completion	By December 16 <sup>th</sup>		
Ontario Health Region and HSP discussions related to HSP circumstances, plans, goals, targets, etc.	December 2022 – January 2023		
LTCHs return completed schedules to regions	By January 13, 2023		
Final CAPS and HAPS due to Ontario Health Regions	By January 31 <sup>st</sup>		
Agreement issuance and sign-off	March 2023		