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RESEARCH NOTE

#PARG 2020-07RN

Description and Observations of the Transition from LHINs to Ontario Health Agency

Marc Pilon, PhD, CPA, CA
François Brouard, DBA, FCPA, FCA
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Until recently (and is still a work in progress as reforms are implemented), the Ontario health care system's main coordinator group was the 14 regional Local Health Integration Networks (LHINs). However in 2019, the newly elected provincial government choose to abolish LHINs in favor of a single agency called Ontario Health. As stated by the provincial government, the main reasons put forward were achieving financial efficiencies, avoiding duplicative structures and eliminating organisational silos: "To achieve true integrated and coordinated care, Ontario is proposing to streamline the important work of these health agencies so it can be performed more effectively and collaboratively, provide more value for tax dollars and enable people to work together instead of in silos" (Ministry of Health, 2019b, p.1).

The purpose of this research note is to provide an overview of the new Ontario Health agency and to discuss some observations resulting from this transition.

This note is part of a sequence of three research notes. The first note (#PARG 2020-06RN) provides a typology and list of the organisations within Ontario's health care system. The note represents the system as it has existed before implementation of 2019 reforms. This second note (#PARG 2020-07RN) provides an overview of the transition to a single Ontario Health agency. The third note (#PARG 2020-08RN) examines the organisational transition to Ontario Health Teams.

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Overview of Local Health Integration Networks (LHINs)

A LHIN is a nonprofit government agency that can be defined as "an organisational arrangement involving the creation of an intermediary administrative and governance structure to carry out functions or exercise authority previously assigned to either central or local structures" (Church and Barker, 1998, p.468). A LHIN is an organisation that was intended to depoliticize health care that was "at once 'independent' yet part of the regulatory machinery of the state" (Davies, 2007, p.48). LHINs were created in September 2004 by the provincial Liberal government (through the *Local Health System Integration Act, 2006*) with the mandate to plan, integrate and fund health services within a geographic region (Government of Ontario, 2006; Office of the Auditor General of Ontario, 2015).

Specific objectives under article 5 of the *Local Health System Integration Act, 2006* (Government of Ontario, 2006) included:

(a) to promote the integration of the local health system to provide appropriate, co-ordinated, effective and efficient health services;

(b) to identify and plan for the health service needs of the local health system, including needs regarding physician resources, in accordance with provincial plans and priorities and to make recommendations to the Minister about that system, including capital funding needs for it;

(c) to engage the community of persons and entities involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation;

(d) to ensure that there are appropriate processes within the local health system to respond to concerns that people raise about the services that they receive;

(e) to evaluate, monitor and report on and be accountable to the Minister for the performance of the local health system and its health services, including access to services and the utilization, co-ordination, integration and cost-effectiveness of services;

(e.1) to promote health equity, including equitable health outcomes, to reduce or eliminate health disparities and inequities, to recognize the impact of social determinants of health, and to respect the diversity of communities and the requirements of the *French Language Services Act* in the planning, design, delivery and evaluation of services;

(e.2) to participate in the development and implementation of health promotion strategies in cooperation with primary health care services, public health services and community-based services to support population health improvement and outcomes;

(f) to participate and co-operate in the development by the Minister of the provincial strategic plan and in the development and implementation of provincial planning, system management and provincial health care priorities, programs and services;

(g) to develop strategies and to co-operate with health service providers, including academic health science centres, other local health integration networks, providers of provincial services and others to improve the integration of the provincial and local health systems and the co-ordination of health services;

(h) to undertake and participate in joint strategies with other local health integration networks to improve patient care and access to high quality health services and to

enhance continuity of health care across local health systems and across the province;

(i) to disseminate information on best practices and to promote knowledge transfer among local health integration networks and health service providers;

(j) to bring economic efficiencies to the delivery of health services and to make the health system more sustainable;

(k) to allocate and provide funding to health service providers, in accordance with provincial priorities, so that they can provide health services and equipment;

(l) to enter into agreements to establish performance standards and to ensure the achievement of performance standards by health service providers that receive funding from the network;

(m) to ensure the effective and efficient management of the human, material and financial resources of the network and to account to the Minister for the use of the resources;

(m.1) to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons;

(m.2) to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the *Home Care and Community Services Act, 1994*;

(m.3) to provide information to the public about, and make referrals to, health and social services;

(m.4) to fund non-health services that are related to health services that are funded by the Minister or a local health integration network; and

(n) to carry out the other objects that the Minister specifies by regulation made under this Act. 2006, c. 4, s. 5; 2016, c. 30, s. 4.

In total, 14 LHINs were created to facilitate greater regional integration of Ontario's health care system between organisations offering discrete units of care (Fierlbeck, 2011). Table 1 summarizes the 14 LHIN regions. Sub-regions also existed under some LHINs. The funding envelops that LHINs received were determined by the Ministry of Health and Long-Term Care (MOHLTC). LHINs then distributed over 99% of these funds to health service providers located in their region. LHINs had little ability to collect and spend funds, and to make policy decisions. As such, fiscal responsibility and policy making authority remained with the provincial government, while some managerial responsibility had been decentralized within the 14 regional LHINs.

As a crown agency, a LHIN's Board of directors was composed of no more than 12 members that were appointed by an Order-in-Council from the Government of Ontario (Government of Ontario, 2016, par. 6 (1)). Based on our calculations, by 2018, the average LHIN covered a population of approximately 1,000,000 people, received an average of $1.9 billion annually from the MOHLTC and was responsible for an average of 10 hospitals.

A single Ontario Health agency

On February 26, 2019, the newly elected provincial Conservative government announced plans through *The People's Health Care Act, 2019* to dissolve the 14 LHINs and six other provincial health care agencies in favor of a single agency called Ontario Health (Government of Ontario, 2019b; Ministry of Health, 2019b). This legislation was passed on April 19, 2019.

Essentially, the new legislation aims for four actions: "establishes a central agency called Ontario Health"; "authorizes the creation of the new integrated delivery systems called Ontario Health Teams"; "consolidates multiple provincial health Agencies to form Ontario Health"; "authorizes Ontario Health to provide funding under a Service Accountability Agreement to Ontario Health Teams" (AFHTO, 2019, p.1). Another research note (#PARG 2020-08RN) describes the Ontario Health Teams.

Ontario Health transition

Ontario Health is a Crown agency. Table 1 summarizes the 14 LHINs and matches them to the health regions under the new legislation. Appendix A shows the health regions under LHINs and Appendix B shows the transitional health regions under Ontario Health. The current provincial government has only identified transitional health regions at the moment.

Ontario Health has also integrated the following six provincial government agencies (see Table 2): Cancer Care Ontario, Ontario Health Quality Council, eHealth Ontario, Trillium Gift of Life Network, Health Shared Services Ontario, and HealthForceOntario Marketing and Recruitment Agency (Government of Ontario, 2019b).

A number of transfer orders taking effect on December 2, 2019 were issued to the affected agencies enabling them to transfer all or part of an organisation to Ontario Health as well as to non-home and community care vice-presidents and directors of the 14 LHINs. In addition, a Memorandum of Understanding (MOU) was signed in November 2019 to clarify the roles, relationships and the mutual expectations and accountability of Ontario Health, its Board of directors and Chief Executive Officer, and the Ministry (Minister of Health and Ontario Health, 2019). Other health related agencies that will not transfer to Ontario Health include CorHealth Ontario and Ontario Agency for Health Protection and Promotion (operating as Public Health Ontario).

Table 1 - Summary of LHIN and Ontario Health regions

LHINs (14)		*Ontario Health (5)*	
Erie St. Clair (Windsor, Sarnia, Chatham-Kent)	ESC (1)	W	West
South West (London, Stratford, Woodstock, Owen Sound)	SW (2)		
Waterloo Wellington (Kitchener-Cambridge-Waterloo, Guelph)	WW (3)		
Hamilton Niagara Haldimand Brant (Hamilton, St. Catherines-Niagara, Brantford)	HNHB (4)		
Central West (Bolton, Brampton, Caledon, Orangeville, Woodbridge)	CW (5)	C	Central
Mississauga Halton (Mississauga)	MH (6)		
Central (Markham, Vaughan, Richmond Hill, Newmarket)	C (8)		
North Simcoe Muskoka (Barrie)	NSM (12)		
Toronto Central (Toronto)	TC (7)	T	Toronto
Champlain (Ottawa, Cornwall, Arnprior, Pembroke)	CH (11)	E	East
Central East (Peterborough, Oshawa, Cobourg, Scarborough)	CE (9)		
South East (Kingston, Belleville, Brockville)	SE (10)		
North East (Greater Sudbury, North Bay, Timmins, Sault Ste. Marie)	NE (13)	N	North
North West (Thunder Bay, Kenora)	NW (14)		

Table 2 - Summary of provincial government agencies integrated into Ontario Health

Ontario Health	Cancer Care Ontario
	Ontario Health Quality Council (operating as Health Quality Ontario)
	eHealth Ontario
	Trillium Gift of Life Network
	Health Shared Services Ontario
	HealthForceOntario Marketing and Recruitment Agency

LHIN transition and Home and Community Care Support Services

While home and community care services were integrated into each of the 14 LHINs under the *Patients First Act, 2016* (Government of Ontario, 2016), home and community care functions are not intended to transfer to Ontario Health. LHINs continue to deliver home and community care services to patients, including a wide range of health care services and resources at home, in the community and in schools. In February 2020, the Ministry of Health (2020) proposed a new framework to change the model of care of home and community care services. The objective was: "to ensure the ongoing stability of services while home and community care transitions into Ontario Health Teams, Local Health Integration Networks (LHINs) are being refocused into interim and transitional organizations with a singular mandate of delivering home and community care, as well as long-term care home placement. To reflect his focused mandate, they are being rebranded as Home and Community Care Support Services. The province expects the transition to Home and Community Care Support Services to occur on April 1, 2020 and exist for the next few years as home and community care transitions into Ontario Health Teams and other points of care. It is anticipated that the non-home and community care functions of the LHINs will transfer to Ontario Health in the near future. During the transition, patients and caregivers will continue to access home and community care services in the same way and use the same contacts. To help promote continued patient familiarity with these services, Home and Community Care Support Services will maintain the same regional identifiers as existing LHINs (e.g., Erie St. Clair, Champlain and North Simcoe Muskoka). Each of the Home and Community Care Support Services organizations will be governed by a common set of cross-appointed board members with a streamlined leadership team." (Ministry of Health, 2020)

Split in ministry responsibilities

In addition to the reforms resulting from *The People's Health Care Act, 2019*, the provincial government also separated the Ministry of Health from the Ministry of Long-Term Care in a June 20, 2019 cabinet shuffle announcement (Office of the Premier, 2019). Figure 1 demonstrates in the shaded areas the transition phase that has occurred over 2019 and will be occurring into 2020 and beyond. The first research note in the sequence (#PARG 2020-06RN) shows the figure prior to the reform.

Ontario Health Board of directors

Until full integration into the new Ontario Health agency occurs, the 14 LHINs still exist but with much less legitimacy, without local Boards of directors and with diminishing resources. The new crown agency's Board of directors is composed of no more than 15 members that are to be appointed by an Order-in-Council from the Government of Ontario (Government of Ontario, 2019b, par. 8 (1)). Table 3 lists the appointed board members, their background and their affiliated region (Ontario Health, 2020). There remains three vacant board positions. The new President and CEO of Ontario Health is Matthew Anderson from the Toronto region.

Figure 1 – Transition of Organisations within Ontario's Health Care System Resulting from *The People's Health Care Act, 2019*

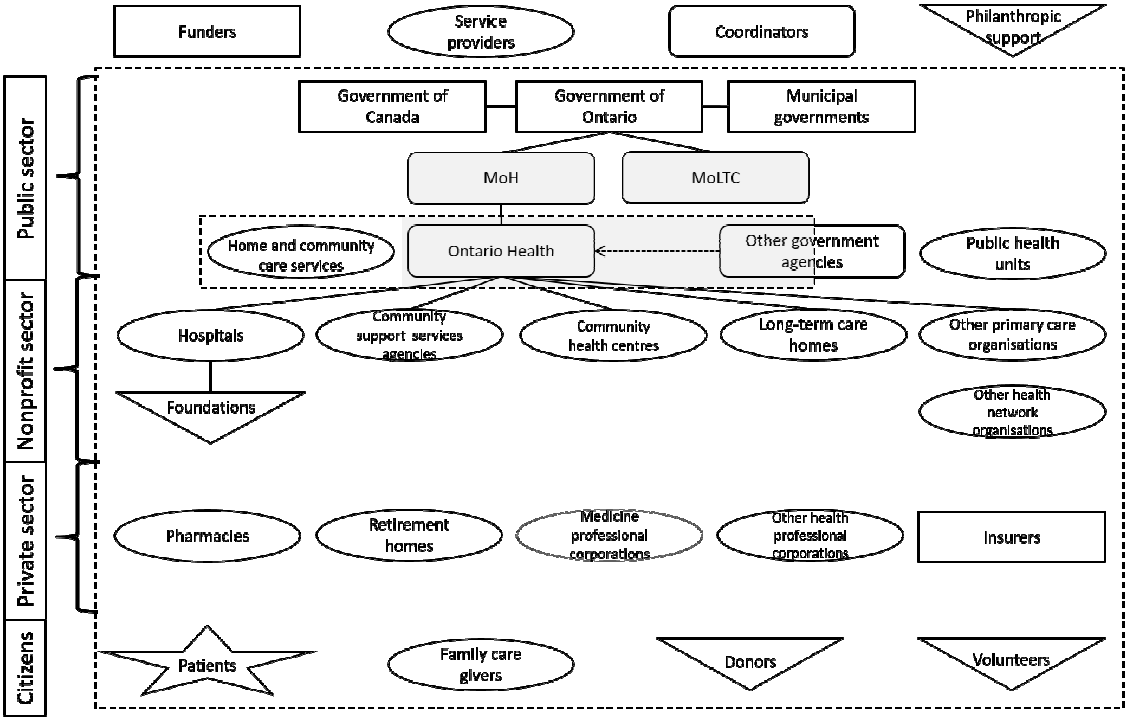

Table 3 – Members of Ontario Health Board of directors

Who	*Sector*	*Occupation*	*Region*
Bill Hatanaka (chair)	Private	corporate director	Toronto
Elyse Allan (vice Chair)	Private	retired president and CEO (GE Canada)	Toronto
Jay Aspin	Public	ex-federal politician (Nipissing))	North
Andrea Barrack	Private	global head CSR (TD Bank)	Toronto
Alexander Barron	Health	pediatrician)	Toronto
Adalsteinn Brown	Academic	dean public health (University of Toronto)	Toronto
Rob Devitt	Health	president and CEO (Michael Garron Hospital)	Toronto
Garry Foster	Private	retired partner (Deloitte)	Toronto
Shelly Jamieson	Nonprofit/Public	retired CEO (Canadian Partnership Against Cancer)	Toronto
Jackie Moss	Private	founder Giftgowns; VP (CIBC); partner (Blake Cassels)	Toronto
Paul Tsaparis	Private	retired president and CEO (Hewlett-Packard Canada)	Toronto
Anju Virmani	Private	chief information officer (Cargojet)	Toronto
To be determined			
To be determined			
To be determined			

Source: Ontario Health (2020)

Ontario Health's objectives

Ontario Health has many objectives. Per the Ministry of Health's (2019a) initial announcement on February 26, 2019:

"Establishing a single accountable Ontario Health agency would enable:

- Expansion of the current exceptional clinical guidance and quality improvement practices in existing agencies into other critical areas of the health care sector.
- Application of current best-in-class models to parts of the health sector historically left behind (such as mental health supports).
- Consistent oversight of high quality health care delivery across Ontario, including a more efficient approach to coordinating health care services for patients, improving the patient experience and enabling innovation.
- Advancement of digital first approaches to health care, such as virtual care, and improving the integration and efficiency of digital health assets across the entire health system, which would support more evidence-based advice on delivering health service and clinical care.
- Clear accountability for monitoring and evaluating the quality of health care services, and providing clinical leadership, consistent clinical guidance, knowledge sharing and support for health care providers.
- More efficient use of public health care dollars by eliminating duplicative back office infrastructure and administration."

Specific objectives of Ontario Health under article 6 of *The People's Health Care Act, 2019* (Government of Ontario, 2019b) include:

(a) to implement the health system strategies developed by the Ministry;
(b) to manage health service needs across Ontario consistent with the Ministry's health system strategies to ensure the quality and sustainability of the Ontario health system through,
    (i) health system operational management and co-ordination,
    (ii) health system performance measurement and management, evaluation, monitoring and reporting,
    (iii) health system quality improvement,
    (iv) clinical and quality standards development for patient care and safety,
    (v) knowledge dissemination,
    (vi) patient engagement and patient relations,
    (vii) digital health, information technology and data management services, and
    (viii) support of health care practitioner recruitment and retention;
(c) to plan, co-ordinate, undertake and support activities related to tissue donation and transplantation in accordance with the *Trillium Gift of Life Network Act*;
(d) to support the patient ombudsman in carrying out their functions in accordance with the *Excellent Care for All Act, 2010*;
(e) to support or provide supply chain management services to health service providers and related organizations;
(f) to provide advice, recommendations and information to the Minister and other participants in the Ontario health care system in respect of issues related to health care that the Minister may specify;
(g) to promote health service integration to enable appropriate, co-ordinated and effective health service delivery;

(h) to respect the diversity of communities and the requirements of the *French Language Services Act* in carrying out its objects; and
(i) any other prescribed objects.

Observations following LHIN disbandment and Ontario Health creation

The following section suggests some observations coming from the Office of the Auditor General of Ontario, from the comparison of organisational objectives and the comparison the Board of directors, as a governance structure.

Observations from the Office of the Auditor General of Ontario

As part of the Office of the Auditor General of Ontario (2015) audit, a number of observations are mentioned, among them:

- "the Ministry has not clearly determined what would constitute a 'fully integrated health system' or by when it is to be achieved, nor has it yet developed ways of measuring how effectively LHINs are performing specifically as planners, funders and integrators of health care" (p.314-315);
- "LHINs have not been consistently assessing whether their planning and integration activities were effective in providing a more efficient and integrated health system, and determining how much cost savings have been reinvested into direct patient care as a result of integration" (p.315);
- "Due to inconsistent and variable practices that still persist across the province, patients face inequities in accessing certain health services" (p.315);
- "The Ministry takes little action to hold the LHINs accountable to make changes when low performance continues year after year" (p.315);
- "The Ministry responds differently to challenges faced by LHINs" (p.315);
- "LHINs could do more to define system capacity" (p.316);
- "LHINs need to better monitor health service providers' performance" (p.316);
- "Tracking of patient complaints lacks of rigour" (p.316);
- "Group purchasing and back-office integration were not consistently implemented or fully explored" (p.316).

We will have to see how the new structure will be a better way to achieve some of the Auditor General concerns, such as: integration of the health system, consistency in application of rules, definition of capacity, access by patients, accountability, performance indicators, assessment, tracking complaints, cost savings, operational effectiveness and group purchasing.

Comparison between objectives

An important objective of LHINs was to achieve greater integration of the health care system. Based on 2019 reforms to consolidate LHINs and other government agencies into one crown agency, an important question left unanswered is whether the government sees integration as centralization. While the objective is to integrate services, it is unclear how the structural changes proposed at the governmental level will achieve the desired objectives. It appears that, in addition to aspiring for financial efficiencies and eliminating silos, the centralization of agencies might be driven by a desire to consolidate power. It does appear at the provider level, that the government is careful to avoid another Montfort crisis (Gratton, 2003).

Table 4 compares the objectives between Ontario Health and LHINs. The future will tell us if the objectives will be accomplished. Even if the effectiveness and economic efficiencies to the delivery of health services is not a separate objective, it is assumed to still be a part of the objectives. Comparison reveals different levels in strategic objectives between the two structures. The new Ontario Health agency is more on the implementation of the health system strategies, while previously the LHINs were more involved in participation in the development and implementation of health promotion strategies, in the development of strategies and joint strategies and in participation in provincial strategic plan.

The management of health service needs is more specific over many different specific roles, such as: operational management, performance measurement, quality improvement, patient engagement and patient relations. Some new objectives are the planning, co-ordination, undertaking and supporting activities related to tissue donation and transplantation and also supporting the patient ombudsman responsibilities.

In both series of objectives, we could find respect of the diversity of communities and the requirements of the *French Language Services Act* and the possibility to carry out any other prescribed objects. The actual work to be carried out will provide evidence on that respect.

Some objectives are not mentioned anymore: promote health equity, identify and plan for the needs of the local health system, to engage the community, manage the placement of persons into long-term care homes, fund non-health services, and make the health system more sustainable.

It was determined or assumed that LHINs had become ineffective. One possible explanation of this issue is the use of political interference from the Ministry that undermined the LHIN's oversight responsibilities to achieve greater integration. LHINs were created in 2006 and over the years the Ministry would occasionally bypass or veto the LHIN's decisions. This use of political interference would negatively affect the agency's legitimacy and its ability to be an effective oversight body (Pilon, 2019).

Table 4 – Comparison of Objectives Between Ontario Health and LHINs

Ontario Health	*LHINs*
	- provide appropriate, co-ordinated, effective and efficient health services - bring economic efficiencies to the delivery of health services
implement the health system strategies developed by the Ministry	- participate in the development and implementation of health promotion strategies - develop strategies and joint strategies - participate in provincial strategic plan and in the development and implementation of provincial planning, system management and provincial health care priorities, programs and services
manage health service needs across Ontario (i) system operational management and co-ordination, (ii) system performance measurement and management, evaluation, monitoring and reporting, (iii) system quality improvement, (iv) clinical and quality standards development for patient care and safety, (v) knowledge dissemination, (vi) patient engagement and patient relations, (vii) digital health, information technology and data management services, and (viii) support of health care practitioner recruitment and retention	- appropriate processes - evaluate, monitor and report on and be accountable - disseminate information on best practices - establish performance standards - allocate and provide funding to health service providers - ensure the achievement of performance standards - ensure the effective and efficient management of the human, material and financial resources
plan, co-ordinate, undertake and support activities related to tissue donation and transplantation	n/a
support the patient ombudsman	n/a
support or provide supply chain management services	- provide supplies and equipment
provide advice, recommendations and information to the Minister	- provide information to the public
promote health service integration	- promote integration of the local health system
respect the diversity of communities and the requirements of the *French Language Services Act*	- respect the diversity of communities and the requirements of the *French Language Services Act*
	- promote health equity
	- identify and plan for the needs of the local health system, to engage the community
	- manage the placement of persons into long-term care homes
	- fund non-health services
	- make the health system more sustainable
carry out any other prescribed objects	- carry out any other prescribed objects

The disbanding of LHINs may have been partly due to their diminished legitimacy as a result of the Ministry undermining its authority. The new Ontario Health agency that will replace LHINs could provide an opportunity to introduce such measures to clarify the new agency's role, establish clearer lines of responsibility and disincentivise the abuse of power (Minister of Health and Ontario Health, 2019). Reducing the possibilities for political interference by the Ministry will reduce threats to the new agency's legitimacy and increase the likelihood that health service providers will heed Ontario Health recommendations for change at the health service provider level. However, due to a consolidation of power to a single agency, it could make it easier for political interference.

Comparison between Board of directors' governance structures

LHINs were designed to gather local issues and find solutions to local problems. With one provincial Board of directors for Ontario Health compare to 14 regional local boards, the regional and local representation is now over. Will obtaining a plurality of perspectives from multiple stakeholders be more difficult to achieve with the new model?

It appears from Table 3 that there is an overrepresentation of board members from the Greater Toronto area (GTA) and from the private sector, resulting in a lack of regional, community and nonprofit representation, as well as representation from smaller organisations.

Although three vacancies remain, there does not appear to be any francophone or indigenous representation on the board yet. Therefore, it remains to be seen if local issues will be sacrificed at the expense of a central agency, which may exacerbate existing inequities if local concerns remain unaddressed. Achieving health equity in the province still appears to be a government priority from a recent publication stating that "the new system will be designed to ensure patients receive the best care – no matter when and where they need it" (Government of Ontario, 2019a). However, systematic inequity continues to exist in Ontario's rural, remote and northern regions, as well as francophone and indigenous communities. Due to the consolidation of power and lack of regional representation, the government may have to take a more direct leadership role if it is to achieve its province-wide health equity objectives.

Conclusion

While the newly created Ontario Health agency is designed to integrate services, precautions should be taken to alleviate concerns about exasperating existing inequities in the province and to reduce the risk of political interference. Some questions left unanswered include: Does the government see integration as centralization? Will regional specificities and local concerns be sacrificed at the expense of a single provincial agency?

Transition between models is always challenging. Developments to the government's reforms will be followed by many stakeholders in order to look at the actual implementation and evaluate progress. As it is still a work in progress and different items are in transition, the future will tell us how it goes and if they were good choices.

ABOUT THE AUTHORS

Marc Pilon, PhD, CPA, CA is an Assistant professor in the Faculty of Management, Laurentian University and a member of the Professional Accounting Research Group (PARG) and the Sprott Centre for Social Enterprises / Centre Sprott pour les entreprises sociales (SCSE/CSES).
mpilon3@laurentian.ca

François Brouard, DBA, FCPA, FCA is a Full professor in the Sprott School of Business, Carleton University and Founding director of the Sprott Centre for Social Enterprises / Centre Sprott pour les entreprises sociales (SCSE/CSES) and a member of the Professional Accounting Research Group (PARG).
francois.brouard@carleton.ca

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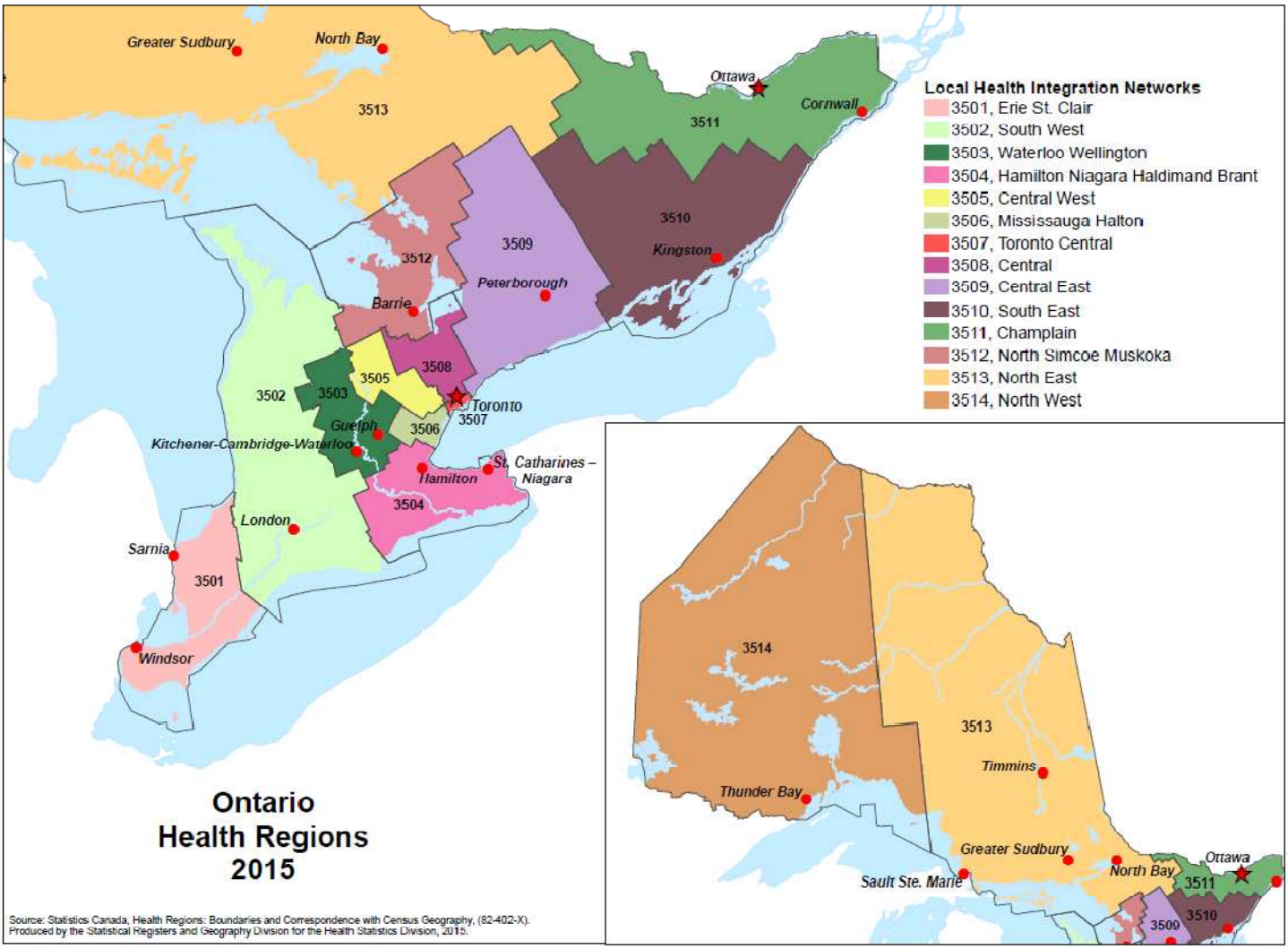
APPENDIX A – HEALTH REGIONS UNDER LHINS



APPENDIX B – TRANSITIONAL HEALTH REGIONS UNDER ONTARIO HEALTH