Table 1: Timeline of key events related to the regionalization of health services delivery in Ontario

Year	Events
1990	New NDP government elected in Ontario.
1991	

Table 3: Timeline of key events related to needs-based funding for health regions / districts in Ontario

Year	Events
1959-1969	Government uses line-by-line budgeting system to fund hospitals.
1969	Ministry of Health replaces line-by-line budgeting with global funding, which is meant to encourage flexibility in achieving efficiency gains.
1988	Global funding system modified. Case-based funding added as a secondary approach to funding acute care operating expenses.
1990	New NDP government elected in Ontario.
1991	Release of provincial auditor‟s report, which highlights “questionable practices by hospitals” and “loose procedures” by the Ministry of Health. Ministry of Health commissions McMaster University professor Stephen Birch to produce a report on how hospital budgets would change if needs-based funding were implemented in Ontario. No action on the basis of the report‟s recommendations.
1992	Health Minister Frances Lankin announces hospital restructuring and releases “Health Services Planning Framework: A Tool for Planning,” which offers planning guidelines to hospitals and health planners. The Framework means that the Ministry will allocate hospitals beds on the basis of population size, with the target being the district with the lowest number of hospital beds (and not allocate funding on the basis of health-related measures of need). Government announ

Table 5: Timeline of key events related to alternative-payments plans for physicians in Ontario

Year	Event
1990	New NDP government elected.
1991	Joint Management Committee established.
1994	Release of a report commissioned by the Federal/Provincial/Territorial/Lang (en-US)r eleci( )] TJeesatelea89(l)-4(t)-4(, wm)1

Table 6: Factors that influenced agendas and decisions related to alternative-payments plans for physicians in Ontario

Agendas / decisions	Factors
Governmental agenda	**Problems** Long-standing perception that FFS remuneration (compared to alternative methods) creates the wrong incentives for primary care (e.g., a focus on services not value for money), which had been reinforced by many reports over the years Additional concerns about shortages in primary0 g[(pr)7(i)-4(m)17(ar)-5(y)] TJETQ1 46.3 432.1 566.59 63.24 reW*4 32.1 566

number and gender of patients served -- were launched in May 1998 (after much negotiation) by the OMA and Ministry of Health.

The Government of Ontario introduced in 1999 and 2000 (with the support of the OMA) sessional payments for emergency room physicians working in rural areas.

Institutional ï policy networks

The Joint Management Committee

Table 7: Timeline of key events related to for-profit delivery of medically necessary services in Ontario

Year	Event
1989	Passage of Bill 147, Independent Health Facilities Act (IHFA).

Table 8: Factors that influenced agendas and decisions related to for-profit delivery of medically necessary services in Ontario

	The Ontario Hospital Association highlights the potential for poaching of staff, queue-jumping, and spill-over effects to the hospital sector (from over-diagnosis) **Interests ï elected officials** Premier and Health Minister express interest in pursuing more for-profit delivery of what had been publicly delivered services **Ideas ï views about ñwhat ought to beò** “Free market” values and specifically privatization of what had previously been publicly delivered services, not just in health care but across a variety of sectors (e.g., electricity) **External ï political change** New Conservative party leader elected and becomes premier New health minister who wanted to make his mark **External ï technological change** New indications for CT and MRI scans

Table 9: Timeline of key events related to waiting-list management for cardiac care in Ontario

Year	Events
1987	Reduction of approximately 200 residency positions over 5 years.
1988	Creation of the Metropolitan Toronto Cardiovascular Triage and Registry Program. Investigation into cardiac surgery practices at St. Michael‟s hospital. Ontario Ministry of Health commits $18 million for the purposes of creating a cardiac centre at Sunnybrook Hospital in Toronto (and provides targeted financial support for other hospitals).
1989	OMA launches an ad campaign about a crisis in the health care system. Media reports that two people died early in January 1989 because their surgery was cancelled (nine times for one patient and 11 times for the other). Media reports that Canadians were being sent to Ohio cardiac centres to receive heart surgery. Ministry establishes a multidisciplinary provincial working group on cardiovascular services (the Keon Committee) at least in part in response to the St. Michael‟s Hospital Report. Ministry announces new money for cardiovascular care (i.e., “…$250,000 for the province-wide working group on cardiovascular care, $160,000 for computerization of the Metropolitan Toronto Cardiovascular Triage and Registry Program, and $300,000 for the development of the registry province-wide.”
1990	Provincial Adult Cardiac Care Network is formed (and later renamed the Cardiac Care Network of Ontario).

Table 10: Factors that influenced agendas and decisions related to waiting-list management for cardiac care in Ontario

Agendas / decisions	Factors
Governmental agenda	**Problems** Patients are dying on waiting lists, with: Immediate cause argued to be a lack of resources Root causes argued to include: a) lack of a systems approach (e.g., surgeons with lists in their pockets); and b) competition among hospitals Consequences of problem argued to be a decline in public confidence
Decision agenda	**Problems** Research shows that wait lists were growing Feedback shows that more money didn‟t have an effect: Care isn‟t allocated on basis of need (i.e., lack of equity) with „squeaky wheels getting the grease‟ Hospitals not demonstrating high enough through-put (i.e., lack of efficiency) **Policies** Metropolitan Toronto Triage System, which has the following attributes: 1) voluntary; 2) centralized; 3) focused on cardiac surgery; and d) independent of the provincial Ministry of Health and led by physicians **Politics** Growing public concerns, which are

Table 12: Factors that influenced agendas and decisions related to prescription-drug plans in Ontario

Agendas / decisions	Factors
Governmental agenda	**Problems** Drug program expenditures growing exponentially, which was driven in part by the emergence of “break-through” drugs and the open-ended nature of the Special Drugs Program
Decision agenda	**Problems** Drug program expenditures were growing exponentially, which was driven in part by the emergence of “break-through” drugs and the open-ended nature of the special drugs program Consultation by the Drug Secretariat identified the unmet needs of those aged 55-64 who had no job or had lost their drug benefits at a time when the economy was in rough straits (although they had embarked on the consultation to get feedback on the idea of user charges for the ODB plan) **Policies** Drug program that: extended the ODB plan to anyone paying an income-related sliding-scale deductible had no eligibility requirement linked to a particular illness (like AIDS or Gaucher‟s disease), health status (like end of life care) or drug class (like the drugs covered by the Special Drugs Programme) provided full-family access to the full Ontario Drug Benefits formulary (some of which required special approval to ensure indications were met) **Politics** Emotionally charged campaign by AIDS Action Now!, which included a press conference with a plea from a dying AIDS patient and a threat to burn in effigy a mock-up of Bob Rae
Policy choice	**Institutions ï policy legacies** Ontario Drug Benefit (ODB) plan, with a formulary and fully operational administrative process, was already in place HealthNet, which provided an online submission and adjudication process for the ODB plan, was already in place **Interests ï societal interest groups** Emotionally charged campaign by AIDS Action Now! (AAN), which included a press conference with a plea from a dying AIDS patient and a threat to burn in effigy a mock-up of Bob Rae Additional campaign by a Toronto lawyer with Gaucher‟s disease **Interests ï elected officials** Pending election (which was fought and won by another political party within seven months of the decision) **Interests ï public servants** Public servants who had identified an unmet need (t

	straits **Ideas ï views about ñwhat about to beò** Equity across income groups, disease groups, and age groups **External ï economic change** Tough economic times so a free plan or even a small deductible weren‟t feasible policy options **External ï technological change** Development of “breakthrough” drugs for conditions like AIDS and Gaucher‟s disease **External ï new diseases** AIDS **External ï media coverage** Media coverage of AAN demonstrations