Changing Ontario's health system through shifting power dynamics embedded in Bill 74

Arianna Bhagwansingh
Royal Roads University

Background

In 2018, Ontario's Progressive Conservative party was elected on campaign promises to reduce long wait times for service, increase the number of primary care beds and mental health services as well as alleviate operational issues of fragmented funding and duplicate services. Shortly after, on April 2019, the Ontario Legislative Assembly passed *The People's Health Care Act* (or Bill 74) (Elliot, 2019).

Bill 74 authorized the consolidation of the 14 regional local health integration networks established by the Liberal government into one umbrella, known as Ontario Health (OH). At the same time, it decentralized fiscal and decision making power to local Ontario Health Teams (or OHTs) (Ragupathi, 2020).

Under the OHT model, health providers are expected to voluntarily cluster around hospitals and major health institutions to merge their budgets and distribute funds to primary, secondary and tertiary care services in demand, thereby reducing duplicate services and reallocating fragmented funding to where it's needed, resulting in better quality care (Crawley, 2019).

Bill 74 drew criticism from the Liberal party as they questioned the viability of the voluntary nature of OHTs and cited similar models did not work as expected in Alberta and Nova Scotia (Collaco, 2019)

Research Focus

As Ontario continues to suffer financial deficits, in part, from steadily rising health care costs (Ontario, Ministry of Finance, 2021), the rhetoric in Bill 74 addresses economic concerns by introducing market mechanisms to make the health system more cost efficient and value oriented which, in turn, promises quality care for Ontarians.

The shift to a market based system threatens the sustainability of health providers and has incited competition and consolidation across the sector as well as concerns of adequately serving the needs of communities. Taken together, my research lies at the intersection of political, social and economic forces within the sector (Figure 1)..

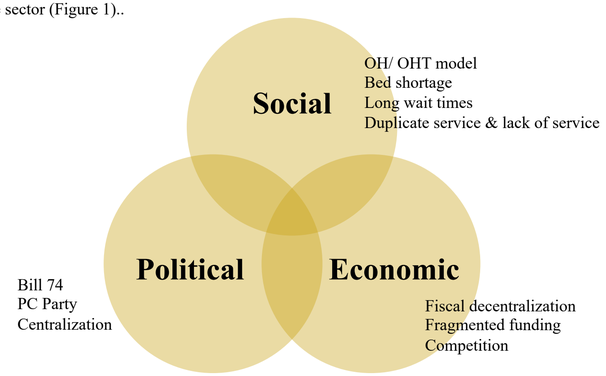

Figure 1: Issues within Ontario's health sector

Research Question & Objectives

Given the tensions surrounding Bill 74, my overarching research question is "what are the perceived shifting power dynamics embedded in Bill 74 and will it lead to transformation of Ontario's healthcare system?"

The objectives of my inquiry are threefold:

- To deepen our understanding of the policy discourses that inform shifting power dynamics
- To identify the elements of the healthcare system impacted by Bill 74 through a stakeholder lens
- To determine whether or not Bill 74 will lead change and potentially transform the health system

"The hardest thing to explain is the glaringly evident which everybody has decided not to see" – Ayn Rand

Historical Context

While healthcare is publicly financed by both federal and provincial governments, provincial governments take the lead in regulating hospitals, other health institutions and health professionals in their region. Provinces and are afforded considerable flexibility in how they govern by virtue of the 1984 *Canada Health Act*'s ambiguous terms - "medically necessary" and "medically required". The ambiguity of these terms allows provinces freedom in determining what services will and will not be covered by the system. Therefore, provinces have room to strategically shape the meaning and operation of their health system through these undefined concepts. As such, over the decades, provinces oscillate between varying degrees of decentralization and recentralization heath policy reforms over the nature of control and the distribution of power within their health systems (Clemens & Esmail, 2012).

Neoliberal Themes

Bill 74 simultaneously deploys two Neoliberal principles to achieve reform:

- political centralization (also referred to as deregulation)
- fiscal decentralization

Neoliberlism stems from the work of economist and philosopher Adam Smith who advocated for a diminished role of government so that trade could thrive. Aligned with his philosophy, deregulation is defined as minimizing the role of the state by retracting laws to increase the influence of the private sector. Decentralization is defined as the transfer of power arrangements to the private sector (Rotarou and Sakellariou, 2017).

Neoliberal themes embedded in Bill 74:

1) By flowing funds from OH to OHTs, Bill 74 transfers financial and decision making power to hospitals and major health institutions. In Neoliberal terms, free functioning OHTs lead to better utilization of funding and allocation of resources to meet local demands. In effect, the system becomes lean, agile and cost efficient. At the same time, the shift promotes a system driven by users who seek care. Individuals who do not actively seek care do not participate in the system risk being marginalized (McGregor, 2001).

2) Bill 74 offers OHTs considerable freedom to partner with providers of their choice and self govern as they deem fit. It is presumed that providers who do not cluster with OHTs offer services that are not in demand and, as such, will either revise its services or integrate with other providers or dissolve. In Neoliberal terms, with fewer providers to oversee, OH can redirect fragmented funding and reduce duplicate services, resulting in higher quality care. However, an appropriate level of decentralization and deregulation in health policy is an unresolved issue in the academic literature (Rubio, 2011).

Theoretical Framework

Fairclough's critical discourse analysis (CDA) framework links three analytical forces at the text, discursive and societal levels to interpret how power dynamics embedded in Bill 74 shape social reality (Figure 2).

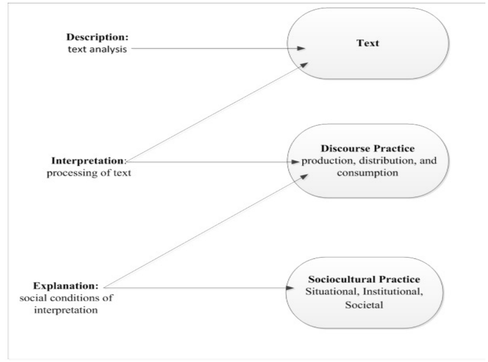

Figure 2: Fairclough's CDA (Fairclough, 1995 as cited in Lokanan, 2015, p. 16)

"**Michel Foucault's panopticon - "an elaborate architectural design that functions to regulate human behaviour through the discursive exercise of power" (McKinlay and Starkey, 1998, as cited in Prasad, 2013, p. 939)**

Fairclough's view of power is rooted in Foucault's invisible, self regulating panopticon (Regan, 2009). While Foucault focused on how discourses make claims of truth, Fairclough explains how discourses reflects the social power structures between the dominant and dominated and critiques those claims of truth (Curtis, 2014; Regan, 2009).

Methodology

A two phased qualitative methodology is proposed as outlined below.

Phase	Planning	Action
Preparation	Ethics committee	Obtain approval
Data Collection	Bill 74 and related policies	Obtain documents
	Gatekeepers to informants in Government, OHTs, service users	Compile sample of informants and determine unit of analysis
Data Analysis	Bill 74 and related policies	Conduct Fairclough's CDA
	Informants	Open ended & semi structured interviews/survey.
		Identify themes.

Contribution to Theory & Practice

- Determine whether or not Bill 74 will transform Ontario's health system aligned with collective needs
- Address the lack of academic literature on discourse analysis on political discourse in the context of healthcare by conducting Fairclough's CDA on health reform policy.

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