

## SCHEDULE 10 – ACCESS TO CARE (ATC)

### PART A – PROGRAM DESCRIPTION

#### PROGRAM OVERVIEW

Access to Care (ATC) at CCO is a leader and delivery agent in health information management and technology in support of ministry strategies to improve access to quality equitable care in Ontario. Access to Care is funded by and works directly with the Ontario Health Teams Division (OHTD) and Hospitals and Capital Division (HCD). Our extensive program governance model including the ministry, Data Certification Council, CCO Board and Executive Sponsorship Committee, and Clinical Advisory Councils inclusive of Patient Family Advisors, ensures broad healthcare stakeholder representation and contributions to the work we do.

ATC focuses on the design, implementation and management of provincial information management/information technology solutions on behalf of the ministry. ATC has developed and defined near real time data collection standards, methodology, tools and business practices imperative to ensure high quality data is readily available to a wide variety of healthcare stakeholders.

Our unique approach to data lifecycle management (acquisition, management and utilization) provides meaningful information to provincial health system stakeholders to improve access, performance, efficiency and quality of care. Our work guides real-time decision making and planning; informs the evaluation of healthcare system performance; and, offers recommendations to ensure a sustainable healthcare future.

#### ACCESS TO CARE SYSTEM PLAN (ATC I)

In 2018, ATC in consultation with health system stakeholders, clinical leadership, partners, patient and family advisors and the ministry developed the first Access to Care System Plan. The ATC I system plan was developed using the six quality dimensions of the National Academy of Medicine (NAM) quality framework. The first Access to Care system plan, was approved and launched on June 13<sup>th</sup>, 2019. This plan will guide our strategic priorities over the next four years.

The strategic goals of ATC I are:

- Be informed and guided by patients and caregivers to deliver meaningful results. (Person Centered)
- Learn, adopt and apply best practices (Safe)
- Promote equity through expansion of wait times performance measurement (Equitable)
- Provide evidence-based recommendations to health system stakeholders (Efficient)
- Develop new capabilities and establish partnerships to advance health system performance (Effective)
- Delivery sustainable performance improvement (Timely)

See **Appendix A** for ATC I Strategic Objectives.

#### ATC I 2019-2020 STRATEGIC PRIORITIES

The Access to Care first system plan builds upon past success and leverages existing information management and information technology expertise in support of the ministry. In the first year of ATC I (2019-2020), our strategic

focus will be to develop new capabilities in performance measurement and reporting, data collection and performance reporting. The focus of our plan will be to:

- Establish an ATC Patient and Family Advisory model to guide and inform our work
- Lead the development and dissemination of provincial wait time data collection standards for Ontario
- Expand wait times performance measurement and reporting in targeted service areas
- Enhance performance measurement and reporting to advise and inform the ministry and system stakeholders in order to improve access and reduce wait times
- Transform data collection capabilities through new partnerships and product evolution
- Expand Ontario Wait Times public reporting and awareness in partnership with the ministry and HQO
- Evolve analytic capabilities, tools and resources needed to advance our work

### **ATC 2019-2020 OPERATIONAL PRIORITIES**

Access to Care provides ongoing operational support to the ministry, system partners and health care stakeholders through provincial information management and information technology solutions. This work, as detailed in Part B below, is achieved through the:

- Translation of the ministry's goals into operational solutions necessary to identify and inform performance improvement related to access to services
- Use of a comprehensive stakeholder engagement model with Clinical Leaders, health system stakeholders and partners to inform and advise our work
- Formation of collaborative partnerships with mutually aligned goals focused on improving access to services
- Provision of high-quality data and comprehensive analyses in near-real time to inform decision making and support performance evaluation activities
- Inform healthcare providers and the public through the publication of Ontario Wait Times performance data through a variety of approaches.

### **ATC OPERATIONAL MODEL**

Access to Care utilizes a team of clinical, technical and change management experts to deliver high priority provincial IM/IT initiatives in partnership with provincial, clinical and health system leaders to improve healthcare outcomes on behalf of the ministry.

See **Appendix B** for a detailed description of ATC's Operational Model.

## **PART B - PROGRAM PRIORITIES**

### **2019-2020 PROGRAM PRIORITIES**

#### ***Ministry Partnership***

- Provide evidence to identify and manage wait time issues; support performance improvement opportunities; conduct advanced analytics leveraging CCO's data holdings, support capacity and resource planning, support the communication and reporting of system performance to healthcare system stakeholders (i.e. Regions, Hospitals, Physicians and Public)
- Support the ministry's focused work on improving access to services across the healthcare system by leveraging CCO data holdings in order to support funding forecasts, capacity planning and performance evaluation

- Develop joint work plans for new initiatives, as assigned, to improve health system performance reporting and management
- Communicate and advocate for continuous improvement and system change, in partnership with the ministry and Clinical Advisory Councils, through regular and evidence-based sharing of performance reporting and recommendations focused on improving access for all Ontarians
- Deliver Quarterly Reports to the ministry to communicate progress on business and financial initiatives.
- Evaluate need and develop proposal with recommendations back to the ministry on the need to continue with the following: (i) Data Certification Council; (ii) Audit frequency for Ontario Wait Times Data on HQO Website; and, (iii) Diagnostic Imaging Capital Asset Audit frequency on behalf of the ministry.

**Health Quality Ontario (HQO) Partnership**

- In partnership and in accordance with the Memorandum of Understanding between CCO and HQO:
  - Provide monthly Ontario Wait Times data for publication on HQO website; and, routine auditing of website data accuracy.
  - Identify opportunities to improve and expand public reporting in partnership with HQO and the ministry
  - Support the ongoing implementation and provision of quarterly data reports for the Emergency Department (ED) Return Visit Quality Program using existing reports
  - Provide wait times data and support of HQOs Annual Measuring Up Report (2019)
- In partnership with HQO, provide advice and key health system performance indicators to support the development and ongoing operational reporting requirements for the new Ontario Health Agency Board health system performance dashboard.

**Annual Operating Plan 2019-2020 – Key Operational Priorities by Business Team**

Team	Key Operational Deliverables
<p><b>Surgery Wait Times &amp; Surgical Efficiency</b></p>	<ul style="list-style-type: none"> <li>• Deliver surgery and surgical efficiency wait times analytic and reporting products and for health system performance and public reporting purposes.</li> <li>• Deliver existing operational Musculoskeletal Dashboard (MSK) to all regions (14 LHINs)</li> <li>• Deliver existing hip/knee, central intake, and orthopedic data and reports for the ministry</li> <li>• Plan and implement a Surgical Imaged Guided Oncology Data Collection project focused on improving biopsy data collection from a fully equipped operating room in accordance with the Auditor General’s recommendations.</li> <li>• Complete a comprehensive analysis and make recommendations for cataract services in Ontario</li> <li>• Leverage Surgery and Diagnostic Imaging (SDI) &amp; Surgical Efficiency Target Program (SETP) Advisory Councils to identify opportunities to reduce wait times, improve access, make recommendations and evaluate health system performance.</li> </ul>
<p><b>Diagnostic Imaging (DI) Wait Times &amp; Efficiency</b></p>	<ul style="list-style-type: none"> <li>• Deliver diagnostic imaging wait times and efficiency analytic and reporting products and for health system performance and public reporting purposes</li> <li>• Explore feasibility pending finalized scope and capacity to lead DI Expert Panel focused on making recommendations to improve diagnostic imaging access to quality services</li> <li>• Collaborate with the ministry to identify and evaluate diagnostic imaging access in areas of efficiency, performance reporting, capacity planning, data collection and expansion, appropriateness measures and evaluation</li> <li>• Plan and implement enhancements to current DI wait times and efficiency reporting products.</li> </ul>

	<ul style="list-style-type: none"> <li>• Plan and implement a Diagnostic Imaging Guided Biopsy project focused in identifying data requirements, determining feasibility and make recommendations to establish new capabilities to collect data for image guided biopsy procedures (i.e. image guided biopsy, high risk breast and lung cancer screening) outside a fully equipped operating room in accordance with the Auditor General’s recommendations.</li> <li>• Develop a MRI modelling tool, which will support ministry planning in areas of service demand, service efficiency and funding.</li> <li>• Leverage Diagnostic Imaging Advisory Council to identify opportunities to reduce wait times, improve access, make recommendations for capacity planning &amp; targeted investments; and, evaluate health system performance.</li> </ul>
<b>Team</b>	<b>Key Operational Deliverables</b>
<b>Alternate Level of Care (ALC)</b>	<ul style="list-style-type: none"> <li>• Deliver alternate level of care wait times analytic and reporting products for health system performance and support planning for future public reporting purposes.</li> <li>• Deliver operational performance reporting products on behalf of the ministry’s Hospital and Capacity Planning Branches for new ALC models of care (i.e. Short Term Transitional Care Models (STTCM))</li> <li>• Support ALC Capacity planning and performance evaluation for new ALC models of care including establishing new data sharing agreements, development of data submission templates and data quality indicators and metrics as required</li> <li>• Leverage Alternate Level of Care Advisory Council to identify opportunities to reduce wait times, improve access, make recommendations for capacity planning and, evaluate health system performance.</li> </ul>
<b>Emergency Department (ED) Information/eCTAS Operations</b>	<ul style="list-style-type: none"> <li>• Deliver emergency department wait times analytic and reporting products and for health system performance and public reporting purposes</li> <li>• Deliver emergency department Pay for Results (P4R) analytics and reporting products</li> <li>• Support development and implementation of P4R methodology updates aligned to ministry priorities</li> <li>• Support eCTAS business operations and informational indicator reporting products and analytics</li> <li>• Enable performance improvement through the collection and sharing of organizational P4R action plans amongst all ERNI sites</li> <li>• Leverage Emergency Department Advisory Council to identify opportunities to reduce wait times, improve access, make recommendations; and, evaluate health system performance.</li> <li>• Work with the ministry to support development of a process to triage and prioritize additional adhoc data requests from Emergency Services Advisory Committee (ESAC)</li> </ul>
<b>Service Management</b>	<ul style="list-style-type: none"> <li>• Provide daily support services for provincial customers by managing operational, business, technical and compliance inquiries, managing access to WTIS, iPort™ Access and external web portal (ATC Information Site), managing provincial communications and maintaining system operations through proactive technical management</li> <li>• Provide on-going training and education to all facilities to ensure adoption of tools and procedures, enabling quality data submissions</li> <li>• Develop, lead and execute provincial IM/IT change management plans to support approved clinical program initiatives, ministry mandated initiatives and product/facility driven technical changes and upgrades.</li> </ul>

Team	Key Operational Deliverables
<b>Data Quality &amp; Compliance</b>	<ul style="list-style-type: none"> <li>• Provide operational leadership and support to facilities and sites to ensure high quality data, through ongoing monitoring, direct communication and formal escalation procedures.</li> <li>• Identify opportunities for data quality &amp; compliance improvement initiatives in order to standardize data quality and compliance reporting tools, products and capabilities.</li> <li>• Maintain operational processes and documentation related to wait times data quality required for monthly public reporting data quality reviews.</li> </ul>
<b>Hospital Systems Integration</b>	<ul style="list-style-type: none"> <li>• Lead activities related to support identification of feasibility and end-user requirements in support of the evolution of wait times data collection capabilities</li> <li>• Support WTIS development and deployment activities to ensure WTIS stakeholders and users' business needs are met</li> <li>• Support eCTAS release development and implementation efforts to ensure alignment to identified user defined needs</li> <li>• Maintain hospital technical activities related to the WTIS and eCTAS to ensure data submission requirements and standards are met, and effective usage of the tools</li> </ul>
<b>Analytics and Informatics</b>	<ul style="list-style-type: none"> <li>• Deliver all wait times (surgery, surgical efficiency, diagnostic imaging, emergency department and alternate level of care) analytic and reporting products and for health system performance and public reporting purposes</li> <li>• Maintain wait times auditing procedures for publically reported wait times data on HQO website.</li> <li>• Support detailed analyses and performance evaluation for ministry in areas of Short Term Transitional Care Model (STTCM), Diagnostic Imaging Demand/Appropriateness and Funding; and, Cataract Services.</li> <li>• Leverage CCO's data and analytic assets for exploratory analysis and development of new applications to improve access to services as capacity permits</li> </ul>
<b>Technical Solution Design &amp; Operations</b>	<ul style="list-style-type: none"> <li>• Develop and deploy WTIS enhancements to address technical and business needs of WTIS stakeholders</li> <li>• Explore feasibility to evolve the WTIS information technology and infrastructure services to address business needs</li> </ul>

The first Access to Care Plan sets out goals, priorities and strategic objectives for improving access, performance, quality and efficiency of health services.

## Access to Care Plan 2019–2023 [ccohealth.ca/accesstocareplan](http://ccohealth.ca/accesstocareplan)



### Person-Centred

**STRATEGIC GOAL:**  
Be informed and guided by patients and caregivers to deliver meaningful results

**STRATEGIC OBJECTIVES:**  
Establish a Patient and Family Advisory Council for Access to Care

Collaborate with the Ministry of Health and Long-Term Care and system partners to develop a wait times awareness educational campaign for patients and providers



### Safe

**STRATEGIC GOAL:**  
Learn, adopt and apply best practices

**STRATEGIC OBJECTIVES:**  
Lead the development and dissemination of provincial wait time data collection standards for Ontario

Support provincial standardization and appropriateness measures to improve quality of patient care



### Equitable

**STRATEGIC GOAL:**  
Promote equity through expansion of wait times performance measurement

**STRATEGIC OBJECTIVES:**  
Expand wait times performance measurement in targeted service areas

Advise on issues, in partnership with the Indigenous Cancer Care Unit, related to improving access to services for First Nations, Inuit, Métis and Urban Indigenous peoples in Canada



### Efficient

**STRATEGIC GOAL:**  
Develop new capabilities and establish partnerships to advance health system performance

**STRATEGIC OBJECTIVES:**  
Acquire new data holdings from third parties and regional providers to advance Access to Care's work

Leverage new analytic capabilities to inform decision-making and evaluate health system performance

Explore new opportunities to offer support to the Ministry of Health and Long-Term Care and regions to improve access to services



### Effective

**STRATEGIC GOAL:**  
Provide evidence-based recommendations to health system stakeholders

**STRATEGIC OBJECTIVES:**  
Use evidence to inform system planning and policy development in collaboration with the Ministry of Health and Long-Term Care and regional partners

Make all wait times performance data public in partnership with the ministry, Health Quality Ontario and, in time, Ontario Health

Leverage CCO data holdings, in partnership with system stakeholders, to evaluate clinical evidence and system performance related to access to services



### Timely

**STRATEGIC GOAL:**  
Deliver sustainable performance improvement

**STRATEGIC OBJECTIVES:**  
Inform and advise the Ministry of Health and Long-Term Care where performance results in service areas do not meet established targets

Transform data collection capabilities for wait times performance measurement and reporting

In time, the work of ATC will be taken on by Ontario Health. Ontario Health is a single health agency that will oversee healthcare delivery, improve clinical guidance and support providers to ensure better quality care for patients.

ATC works with provincial stakeholders to define data standards, definitions and information enhancements to the existing ATC systems. Since 2006, ATC has leveraged its clinical, technical, and service expertise, to plan, design, develop, schedule, deploy, and support a number of large-scale province-wide healthcare system IM/IT solutions to a growing number of healthcare facilities and end users.

The Access to Care Operational Model is comprised of cross-functional teams working together to support and execute the deliverables outlined in our Accountability Agreement.

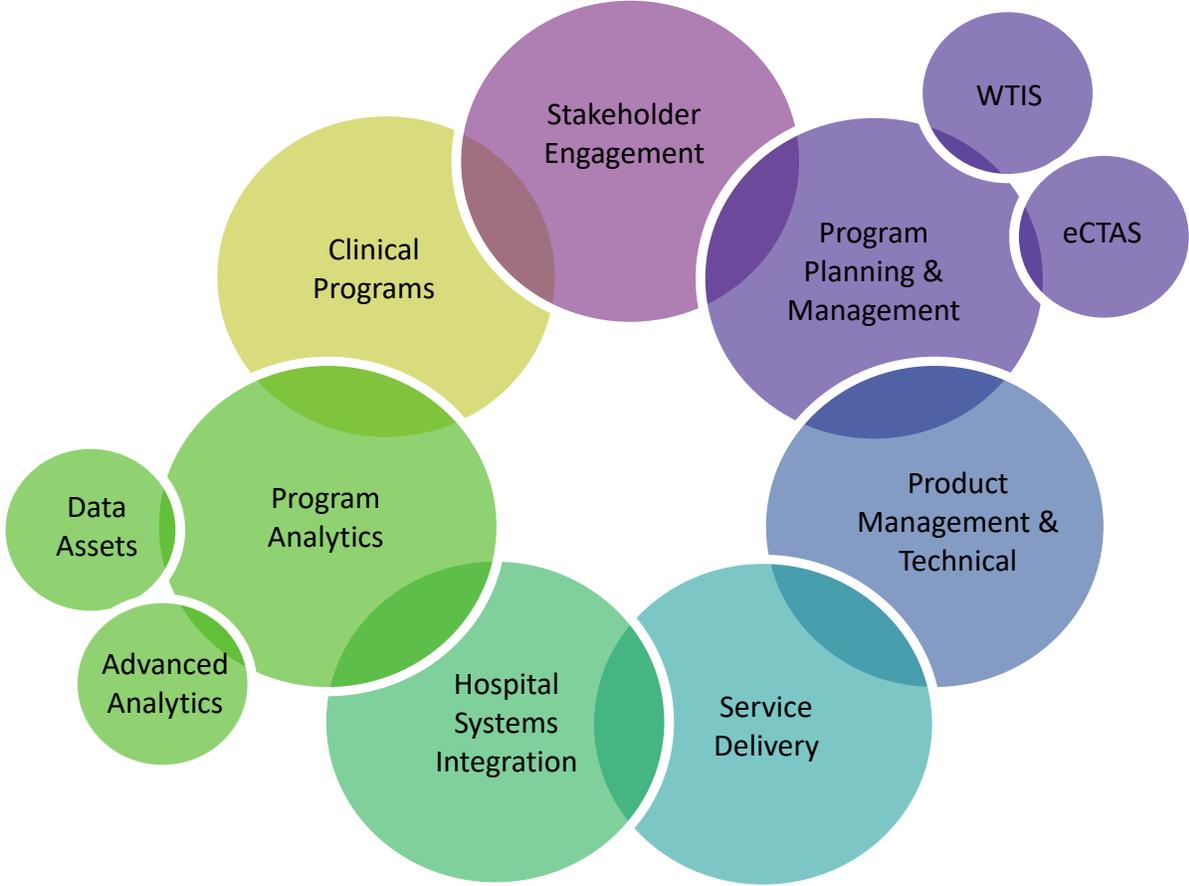


Figure 1: ATC Operational Model

Team	Summary
<b>Clinical Programs</b>	
<b>Surgery Wait Times &amp; Surgical Efficiency</b>	ATC maintains the infrastructure and daily operational services to collect and report near real-time surgery wait times data (Wait 1, Wait 2), using the Wait Time Information System (WTIS), for over 3400 surgeons across 122 sites; and, surgical efficiency (operating room) data for 108 sites covering the duration of the patient’s surgical procedure from admission to discharge. ATC further supports the ministry through performance outreach initiatives for surgery and surgical efficiency areas.
<b>Diagnostic Imaging (DI) Wait Times &amp; Efficiency</b>	ATC maintains the infrastructure and daily operational services to collect and report near real-time diagnostic imaging wait times data, using the WTIS, for Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) services for over 85 sites across Ontario. The collection of efficiency data for MRI (2013) and CT (2015) allows for enhanced ATC performance reporting capabilities, which support the ministry in identifying opportunities to improve operational efficiency of service delivery and capacity planning
<b>Alternate Level of Care (ALC)</b>	ATC maintains the infrastructure and daily operational services to collect and report near real-time wait time data, using the WTIS, with over 190 data elements for patients designated as requiring an alternate level of care. Information is collected from and reported for over 180 sites across Ontario. ATC further supports and works collaboratively with the ministry to drive ongoing improvement in performance management with Hospital, Regions, and additional health sector partners. Further insights into ALC challenges, particularly in understanding the patient journey, can be gathered by linking data from the WTIS, community sector, and clinical assessments.
<b>Emergency Department (ED) Information</b>	ATC partners with the Canadian Institute for Health Information (CIHI) to leverage the National Ambulatory Care Reporting System (NACRS) for the timely collection of ER wait time data. Over 125 sites collect a dataset of over 35 ER data elements that capture the patient journey, from the time a patient is triaged/registered until the time the patient leaves to the emergency room.
<b>Product Management &amp; Technical</b>	
<b>Technical Solution Design &amp; Operations</b>	The ATC Product Development Team translates stakeholder, facility, and business needs into technical requirements, functionality, and systems through planning; solution design; technical architecture; solution development; performance testing; operational maintenance; and, information technology service support.
<b>Hospital Systems Integration</b>	
<b>Hospital Systems Integration</b>	The Hospital Systems Integration team works with Product Management, Technical Services, Service Delivery and Management, and Clinical lines of business to identify new business opportunities, participate in requirements gathering, support product development design, and ensure a consistent voice of the customer throughout the product lifecycle for all of ATC's IM/IT products (i.e., WTIS, eCTAS).

<b>Service Delivery</b>	
<b>Service Management</b>	<p>The Service Management team employs a customer-centric approach and works directly with healthcare facilities to ensure high quality data through rigorous data monitoring, collaborative data reviews, and formal data compliance business processes. The Service Management team provides ongoing operational support by way of:</p> <ul style="list-style-type: none"> <li>• Service Specialists focused on business and operational support requirements of facilities;</li> <li>• Compliance Analysts focused on ensuring high quality near real-time data submission are received from facilities;</li> <li>• Education Specialists focused on training and educational requirements for facilities and end users; and,</li> <li>• Technical Integration Specialists focused on supporting the integration of information systems and data submission processes required for data collection.</li> </ul>
<b>Provincial Implementation</b>	<p>The Provincial Implementation team works directly with healthcare facilities using its' refined communication, education, and change management framework to effectively and efficiently implement new data collection methodologies, support technical system integration requirements, and enable ATC program expansion.</p>
<b>Data Quality &amp; Compliance</b>	
<b>Data Quality &amp; Compliance</b>	<p>The DQ&amp;C team is focused on the development and utilization of data quality indicators and business processes to ensure high quality data is available in near-real time for performance and public reporting purposes.</p> <ul style="list-style-type: none"> <li>• Compliance Analysts focused on ensuring high quality near real-time data submission are received from facilities;</li> </ul>
<b>Program Analytics for ATC</b>	
<b>Analytics and Informatics</b>	<p>ATC provides the ministry, Regions, healthcare providers, and facilities with near real-time performance reporting in areas of surgery, diagnostic imaging and ALC; and, timely performance reporting in ER. ATC Analytics and Informatics teams generate over 1,000 standard operating reports and on-demand data reports on an annual basis. Publicly reported wait time data is governed and validated by monthly reviews with the Data Certification Council (DCC). The DCC is a non-governmental body, which acts on behalf of the ministry to assess the data quality and compliance processes used by CCO in the collection and public reporting of data to support the Ontario Wait Time Strategies.</p>
<b>Stakeholder Engagement</b>	
<b>Clinical Engagement</b>	<p>Surgical, DI, ER, and ALC Clinical Leads from across the province are engaged by ATC to act as advisors to the ministry and ATC regarding the collection of meaningful data and they provide clinical interpretation to help identify performance issues. ATC also has a dedicated clinical engagement team that works with advisory committees and the ministry to define provincial data standards and definitions, identify information needs of ATC's various stakeholders, and identify opportunities to improve access to care in Ontario. This team provides evidence-based analyses to the ministry to inform strategic decision-making in order to drive accountability in meeting performance targets.</p>

**PART C – VOLUMES, FINANCIAL/PERFORMANCE AND REPORTING OBLIGATIONS**

Dedicated Funding Envelopes	Funding Branch/Division	TP Parent/Cost Centre
ATC Operations	Integrated Care Branch Ontario Health Teams Division	Vote 1412-01 Cost Center: 524331

ATC Operations	2018-19 Opening	2018-19 Incremental Base	2018-19 One-Time	2018-19 Total Allocation	2019-20 Opening	2019/20 Administrative Efficiency	2019-20 Incremental Base	2019-20 One-Time	2019-20 Total Allocation
	(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)
Service Management & Provincial Implementations	\$3,232,473 (17/18 ending plus \$191,913 reallocation from other reporting lines)			\$3,232,473	\$3,370,519 (18/19 ending plus \$138,046 reallocation from other reporting lines)	(\$615,804)			\$2,754,714
Clinical Liaison & Stakeholder Engagement	\$2,423,033 (17/18 ending less \$71,710 reallocation to other reporting lines)			\$2,423,033	\$2,854,970 (18/19 ending plus \$431,937 reallocation from other reporting lines)	(\$770,666)			\$2,084,304
Program, Planning & Management	\$1,333,595 (17/18 ending plus \$218,846 reallocation from other reporting lines)			\$1,333,595	\$1,146,819 (18/19 ending less \$186,776 reallocation from other reporting lines)	(\$358,746)			\$788,074
Corporate Services	\$1,580,762 (17/18 ending plus \$86,854 reallocation from other reporting lines)			\$1,580,762	\$1,580,694 (18/19 ending less \$68 reallocation from other reporting lines)	(\$25,669)			\$1,555,025
Information Technology	\$5,285,701 (17/18 ending less \$408,572 reallocation to other reporting lines)	(\$100,000) (Reallocation to Sch 5 for after- hours teletriage)		\$5,185,701	\$4,857,536 (18/19 ending less \$328,165 reallocation)	(\$613,145)			\$4,244,391

ATC Operations	2018-19 Opening	2018-19 Incremental Base	2018-19 One-Time	2018-19 Total Allocation	2019-20 Opening	2019/20 Administrative Efficiency	2019-20 Incremental Base	2019-20 One-Time	2019-20 Total Allocation
	(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)
					from other reporting lines)				
Information Management	\$4,309,849 (17/18 ending less \$3,971 reallocation to other reporting lines)			\$4,309,849	\$4,254,595 (18/19 ending less \$55,254 reallocation from other reporting lines)	(\$105,139)			\$4,149,456
Operating Expenses	\$332,494 (17/18 ending less \$13,090 reallocation to other reporting lines)			\$332,494	\$332,775 (18/19 ending plus \$281 reallocation from other reporting lines)	(\$83,191)			\$249,584
<b>Fiscal Grand Total</b>	<b>\$18,497,907</b>	<b>(\$100,000)</b>	<b>\$0</b>	<b>\$18,397,907</b>	<b>\$18,397,907</b>	<b>(\$2,572,361)</b>			<b>\$15,825,547</b>
<b>Grand Total Rounded (A)</b>	<b>\$18,497,900</b>	<b>(\$100,000)</b>	<b>\$0</b>	<b>\$18,397,900</b>	<b>\$18,397,900</b>	<b>(\$2,572,400)</b>			<b>\$15,825,500</b>
<b>Cash Flow – IFIS Payment Notice dated Oct. 31, 2019 (B)</b>					<b>\$18,398,000</b>				<b>\$18,398,000</b>
<b>Cash Adjustment (A-B)</b>					<b>(\$100)</b>	<b>(\$2,572,400)</b>			<b>(\$2,572,500)</b>

## PART D – MINISTRY REPORTING

Access to Care Operations is funded as a single initiative. ATC will continue to work with the ministry and deliver to the ministry an ATC Quarterly Ministry Report throughout 2019-2020.

## PART E – PAYMENT SCHEDULE

For the purposes of this Schedule “**Funding Period**” means a period of approximately 2 weeks as follows:

- (a) a period beginning on the 1<sup>st</sup> day of a month and ending on approximately the 15<sup>th</sup> day of the same month; and
  - (b) a period beginning on approximately the 16<sup>th</sup> day of a month and ending the last day of the same month; and
- “**Funding Periods**” shall have the corresponding meaning.

The Province shall provide:

- (a) the first installment of Funds for the period commencing the Effective Date and ending on the last day of the Funding Period that immediately precedes the date on which the Province provides the first installment of funds; and
- (b) all other installments of Funds in equal amounts over the future Funding Periods.