

Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario Consultation and Engagement

Central East LHIN Board of Directors
February 24, 2016 – **updated March 7, 2016**

Presented By: Deborah Hammons, CEO

Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario



Discussion Paper released by Ministry of Health on December 17, 2015

Outlines proposed changes for the health system:

- Local Health Integration Networks would assume responsibility for home and community care and system integration;
- have greater involvement with primary care, and;
- improved linkages with population health planning.

Opportunities to Provide Feedback on the Proposal

Provincial Activities:

- Feedback opportunity on Ministry website – see http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx – closed Feb 29
- Ministry engaging with health care associations, LHINs, CCACs, Public Health, Primary Care

Local Activities:

- Central East LHIN webpage with reference materials and web-enabled survey
 - <http://www.centraleastlin.on.ca/goalsandachievements/PATIENTSFIRSTPROPOSAL.aspx> - closed Feb 26
- Central East Primary Care Network page
 - <http://www.centraleastlin.on.ca/communityengagement/physicians/CentralEastPrimaryCareNetwork.aspx>

Opportunities to Provide Feedback on the Proposal Local Activities – cont'd

- Discussions/Consultation
 - with local planning partner teams, indigenous and francophone stakeholders, Medical Officers of Health, primary care providers – **completed**
 - February 23rd webinar with LHIN funded HSPs – **89 participants**
 - General public engagement sessions in three LHIN clusters – Scarborough (**15**), Durham (**9**), Northumberland County (**48**), Lindsay (**100**), Havelock (**122**)
- Surveys
 - Feedback Survey for HSPs and patients/caregivers – **38 responses**
 - Feedback Survey - Local Residents (English) – **47 responses**
 - Feedback Survey - Local Residents (Francais) – **4 responses**
- Some HSP organizations have also directly engaged their staff, volunteers or clients on the proposed changes and are either submitted directly to the Ministry of Health or forwarding to the LHIN to be included with the consolidated reports.

Sample Feedback – HSPs and informed patients/caregivers

Very similar to the type of feedback collected during the development of IHSP 4. (Note: Report out on IHSP 4 feedback posted on LHIN website – see IHSP 4 – Appendix A)

How do we support care providers in a more integrated care environment? – eHealth, OTN, system standardization, evidence-based decision making, recognizing diversity in communities

How do we strengthen consistency and standardization of services while being responsive to local differences? - provincial standards, meaningful indicators, listening to patients and providers

How can we support primary care providers in navigating and linking with other parts of the system? – EMRs, joint platform for communication, one gateway to all services

How can public health be better integrated with the rest of the health system? – By being part of the planning team in identifying needs within our LHIN and designing solutions. By having a partnership with the LHINs and defined accountability to the LHINs

Sample Feedback – HSPs and informed patients/caregivers con'td

What should the LHIN role be in supporting providers in the delivery of high quality, accessible primary care? What do LHINs need to succeed in this role? - LHINS needs expertise in operational issues which is outside the current mandate, need to resolve perceived conflict of interest between funding and operational oversight; LHIN role to support providers=lead role in education, data collection and analysis Success: good PC leadership that consults local leadership in a network fashion that is treated with respect; The PC lead needs to sit at the decision table within the LHIN structure

How can home care be better integrated with primary care and acute care while not creating an additional layer of bureaucracy? Direct referrals, and reliable 2 way communications, the patient first document is not clear on how the CCAC staff will be distributed in an equitable way that addresses the communities needs, it is difficult to respond when we don't know how this will be allocated

What can be done to ensure a smooth transition from the current system to the one proposed in this proposal? - There is a need to move slowly, to closely monitor the impact on the patient/caregiver and service providers throughout this time of transition and to be prepared to modify the approach and or timing based on the impact on/feedback from patient, caregiver and care providers.

Summary Feedback – Public Consultation

Feedback at the general public consultation sessions was gathered based on questions provided by the Ministry of Health:

Question #1

What do you think should be the top 3 priorities for improving health care?

- Improved access with standards that are the same in each community– to Long Term Care, Home Care and Primary Care
- Don't redesign what is already working
- Improved services for marginalized people
- Better communication
- Smaller planning areas
- Proper and adequate funding for programs
- Health care investments should be equitable
- Better home care and less money spent on administration
- Allowing seniors to stay in their own communities when unable to take care of them selves

Question #2

What can we learn from good experiences that you've had with health care in Ontario?

- Need navigators to connect people to services as they are discharged from hospital
- Fast tracking of patients in Emergency by NP
- Respite for caregivers

Summary Feedback - continued

Question #3

What are some of the unique characteristics of the community where you live that the health care system needs to take into account?

Northeast Cluster

- No public transportation
- Tourist influx puts stress on existing system
- Large senior population
- Poverty

Scarborough Cluster

- Closer alignment with Toronto
- Culturally diverse

Durham Cluster

- Growing seniors and immigrant populations
- Chronic underfunding
- Whitby has large population – no hospital, no emergency department

Summary Feedback - continued

Question #4

What do you think could be done to address those unique characteristics?

Northeast Cluster

- Access to transportation
- Affordable supportive housing
- More Long Term Care
- Communication on what services are available in the community

Scarborough Cluster

- Revisit LHIN boundaries

Durham Cluster

- Existing hospitals in Durham need to be expanded and an additional site in Whitby

Summary Feedback - continued

Question #5

What kind of information would be useful to help you find a new primary care provider, for example a family doctor?

- Educate people on scope of practice of NPs
- Experiences with Telehealth were mixed
- Ability to discuss more than one issue at a time with family doctor
- One number to call to link to local system
- What to do if you don't like existing family practitioner – how to not get “blacklisted”

Question #6

What are some areas you would like us to focus on to deliver an excellent patient experience in primary care?

- Electronic medical record
- More nurses/NPs
- Succession planning for rural doctors and nurse
- More funded after hours clinics

Summary Feedback - continued

Question #7

If you were given a survey on your patient experience, what questions should be asked?

- Did I get access within 24-48 hours?
- Was physician available 24/7 or did they provide after hours access?
- Did physician take time to listen to their patient?
- Did I get preventative advice?
- Did the physician respect my time?

Question #8

What are some ways we could make it easier for patients and their caregivers to move between different parts of the system (such as from hospital to home care)?

- Have all follow up information available before discharge
- More education and awareness on what services are available
- Recognize that complex clients need consistency in their care providers
- Reduce bureaucracy
- More system navigators, more communication
- Standardize access to therapy services
- Make sure people have access to information about numerous community-based services
- Timely assessments

Summary Feedback - continued

Question #9

What information would be useful to you to help you navigate the system, so caregivers and home care patients have a better experience?

- Information regarding respite and alternative care
- A better avenue for appeals

Question #10

How can we more effectively incorporate activities to promote healthier lifestyles and prevent disease across the health care system?

- Equity – no one should go without appropriate health care
- Put public health nurses back in schools to start prevention earlier
- OHIP funding for dental and eye care for underserved, vulnerable populations
- Better use of Nurses and NPs to do early screening of babies
- Make sure health promotion agencies are working as an integrated system with primary care providers
- Reduce the stigma of mental health issues
- No more reports, or studies or expert panels – take action through the LHINs

Summary Feedback - continued

Question #11

Some people experience barriers to accessing health care. (For example Indigenous peoples, Franco-Ontarians, members of diverse and cultural groups, those with mental health and addictions challenges.) What are some of the barriers we should focus on and what should be done to improve access?

- Include rural seniors in the people experiencing barriers
- Make sure materials to support health promotion are available in appropriate languages
- Better support new immigrants to access health services
- Increase capacity to deal with marginalized populations
- Increase system navigators to support people experiencing barriers

Summary Feedback - continued

Other Comments:

- To be universal health care you have to get back to grass roots – making it equitable and break down the silos
- Learn from what worked and didn't work in the past
- Make sure people are aware of any ongoing opportunities to provide feedback on the transformation of the health care system as discussion paper moves into implementation phase
- Ministry has been talking about the same thing for a long time – what is going to be different this time?
- With the elimination of CCAC and creation of sub-LHIN areas – is this another layer of bureaucracy?
- “It's posted on the website” doesn't work for everyone. Ensure other methods of communication are used to educate people on how the system works and how to navigate it.
- Make the system less complicated

Key messages being delivered to all stakeholders

Under this proposal, the LHIN boards would govern the delivery of home and community care. To fulfill their new responsibilities, the LHINs would require expanded boards and leadership with the necessary skills, expertise and local knowledge. CCAC boards would cease to exist.

Ensuring that there is no disruption to health care services is a top priority for the ministry and for the LHINs, and is our commitment to our communities.

Under the ministry proposal, home care services would continue to be provided by current service providers and front-line staff.

If implemented, it is proposed that the CCAC and LHIN management structures be reviewed to support the continued management and delivery of care.

Should the proposal be implemented, the ministry would work closely with CCACs, LHINs and other health system partners on planning for the continuity of client care.

Primary care is the foundation of any high-performing health system. With greater responsibility for primary care, LHINs would be better positioned to create a more integrated, patient-centred health system in our local areas.

The discussion paper proposes to strengthen the LHIN's relationship with Public Health. These proposed changes would enhance our ability to truly integrate our local healthcare system for the benefit of patients.

Comments – Questions?

Thank You