

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

Central East LHIN Board of Directors

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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.

Feedback Activities

Provincial Activities:

- Feedback opportunity on Ministry website – closed Feb 29
- As part of the consultation process, the ministry heard from thousands of people including patients, caregivers, Indigenous peoples, health care partners, staff, clinicians, municipal and other community and government partners.

Local Activities:

- LHINs engaged locally with patients, caregivers, care providers and community partners to get feedback on the ideas in the discussion paper about how to make our health care system more integrated, accessible and better for patients.
- Central East LHIN webpage with reference materials and web-enabled survey - closed Feb 26
 - Feedback Survey for HSPs and patients/caregivers – 38 responses
 - Feedback Survey - Local Residents (English) – 47 responses
 - Feedback Survey - Local Residents (Francais) – 4 responses
- LHIN engaged with local planning partner teams, indigenous and francophone stakeholders, Medical Officers of Health, primary care providers
- 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)

Sample - Summary Feedback

Feedback was gathered based on questions provided by the Ministry of Health and has now been provided to the Ministry:

Primary Care providers:

- LHIN and Primary Care to continue to work together to better meet patients' needs through increased communication, navigation, placement of health human resources, access to inter-professional resources, patient accountability; have to be sensitive to the provincial relationships between physicians and Ministry; engagement is not timebound but ongoing.

Public Health:

- Build on existing partnerships to continue to improve health of local residents/population health, share demographic data to support planning; some concerns around alignment of boundaries and funding agreements being developed with the LHINs.

General Public/Francophone/Indigenous Stakeholders:

- Increase availability of home and community services and provide navigator to guide journey supported by electronic health record - consistent standards across the province; better access to primary care; build on innovations from other communities, provinces, countries; better access, support for transportation, meeting the needs of vulnerable/marginalized people – make things equitable; have services available in the language of the patient; be patient centred - less bureaucracy, money spent on administration; more funding for hospitals, community services; what will change/what will remain the same – keep us informed

Health Service Providers:

- Build on what has already been achieved; make things equitable across the province; create integrated systems of care based on standards of performance and accountability; ensure patients are inform/aware about services available; is the system adequately resourced for increasing volumes; keep us informed

Summary Feedback – General 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

Next steps

- This feedback is critical to ensuring the continuity and improvement of high-quality services, and a well-thought out and carefully implemented plan.
- The ministry is now in the process of reviewing all of the responses received.
- As the structural changes proposed in the Patients First discussion paper would require changes to legislation, the ministry is also reviewing relevant acts alongside the feedback.
- The ministry intends to propose draft legislation for consideration by the Legislative Assembly in the spring of 2016.
- LHINs continue to be committed to working collaboratively with the ministry and our partners to put patients first with better access to care no matter where they live.
 - This includes ongoing engagement and collaboration to action our 2016-2019 Integrated Health Service Plan with Primary Care providers, our Indigenous Advisory Circles, our Francophone planning tables, our Aims planning partners – Mental Health and Addictions, Seniors, Vascular Health and Palliative and End-of-Life Care, Health Link Networks and patients and caregivers.
- In particular, that also means working with our colleagues at CCACs to make sure that home care services continue.
- Over the past decade, the LHINs have developed knowledge about the health and health care needs of our local communities.
- We look forward to building on our progress to date, and leveraging our expertise as we move forward to achieve an integrated health system in Ontario.