

LHIN Renewal: *Patients First*

Central East LHIN Board of Directors

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Overview

1

Patients First Legislation

2

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

3

Advice the Ministry and LHIN received from patients, providers and health care organizations

4

Update on Patients First implementation planning

5

Initial LHIN Planning

6

Central East LHIN sub-regions

Patients First Legislation

Patients First – Legislation

- On June 2, 2016 the government introduced Bill 210, the *Patients First Act, 2016*, and the bill passed first reading.
- On September 8, 2016, Premier Kathleen Wynne announced that the Lieutenant Governor of Ontario accepted the Premier's advice to prorogue the legislature.
- The government is committed to the next stage of the *Patients First: Action Plan for Health Care*, by focusing on improving patient experience and providing more reliable and faster access to care.
- Five key proposals for Patients First that were originally shared in the *Patients First Discussion Paper*, and that form the framework of *Patients First* :
 - A single point of accountability for effective Integration of Services under the leadership of the Local Health Integration Network boards, with service provision planning through the development of LHIN **Sub-Regions**
 - Timely Access to and Better Integration of **Primary Care**
 - More Consistent and Accessible **Home and Community Care**
 - Stronger Links to **Population and Public Health** with an emphasis on using the expertise of our population and public health experts for improving the equity of care delivery across the province
 - Better planning to address the needs of **Indigenous People Across Ontario**

Patients First – Legislation (cont'd)

- The Lieutenant Governor delivered a Speech from the Throne outlining the government's plans for the new session on September 12, 2016.
- The government has committed to reintroducing all government bills that were before the legislature prior to prorogation, so that debate on them can continue.
- The government continues to support *Patients First* and is committed to reintroducing a bill in the Legislature as soon as possible.

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

Achievements of Ontario's Health System

- Over the past decade, Ontario's health care system has improved in a number of important ways:



Established in 2006, LHINs have demonstrated success in integrating local health care systems.



94% of Ontarians now have a regular family health care provider.



92% of home and community care clients say their care experience has been good, very good or excellent.



36 public health units in Ontario delivering its programs and services using a population health approach.



The Need for Continued Improvement

- Despite the progress we have made over the past ten years, we still need to do more to ensure that the health care system is meeting the needs of Ontarians.

1

Some Ontarians are not always well-served by the health care system.

2

Many Ontarians have difficulty seeing their primary care provider when they need to, especially during evenings or weekends.

3

Some families find home and community care services inconsistent and hard to navigate; family caregivers can experience high levels of stress.

4

Public health services are disconnected from parts of the health care system; population health not a consistent part of system planning.

5

Health services are fragmented in the way they are planned and delivered; fragmentation can affect the patient experience and can result in poorer health outcomes.

Patients First: Summary of Proposal

- The proposal has **five** key components:

Effective Integration of Services and Greater Equity

1. Identify **LHIN sub-regions** as the focal point for integrated service planning and delivery. LHINs would take on accountability for sub-region health service planning, integration and quality improvements.

Timely Access to, and Better Integration of, Primary Care

2. LHINs would take on responsibility for **primary care planning and performance improvement**, in partnership with local clinical leaders.

More Consistent and Accessible Home & Community Care

3. **Transfer responsibility** for service management and delivery of home and community care from Community Care Access Centres (CCACs) to the LHINs.

Stronger Links to Population & Public Health

4. **Linkages between LHINs and boards of health** would be formalized to integrate a population health approach into local planning and service delivery across the continuum of health care.

Inclusion of Indigenous Voices in Health Care Planning

5. The LHIN system will be more inclusive of Indigenous voices through a **stronger role in system planning** and service delivery that will enable culturally appropriate care and incorporating traditional approaches to healing and wellness.

1. More Effective Service Integration, Greater Equity

- The mandate of LHINs would be extended to play a greater role in primary care, home and community care, and public health.
- LHINs would identify smaller geographic regions that follow recognized care patterns. These LHIN sub-regions would be the focal point for local planning and service management and delivery.
- LHINs and LHIN sub-regions would assess local priorities, current performance, and areas for improvement to achieve integrated, comprehensive care for patients.
- The expanded LHIN role would be more inclusive of the voices of Franco-Ontarians, Indigenous peoples, and newcomers.

Anticipated Performance Improvements

- ⊙ Care delivered based on community needs
- ⊙ Appropriate care options enhanced within communities
- ⊙ Easier access to a range of care services
- ⊙ Better connections between care providers in offices, clinics, home and hospital

2. Timely Access to Primary Care, and Seamless Links Between Primary Care and Other Services

- High quality primary health care is the foundation of any high-performing health care system.
- Each LHIN and LHIN sub-region would be responsible for organizing local primary care to ensure access to high quality, integrated care for the patients in their region.
- LHINs would work closely with patients and primary care providers to plan and monitor performance, and to identify ways to improve care that are tailored to the needs of each community.
- LHINs and LHIN sub-regions would be responsible for ensuring that local patients have access to primary care. This does not mean that patients would be required to receive care in their region or that patients would no longer be able to choose their provider.

Anticipated Performance Improvements

- ⊙ All patients who want a primary care provider have one
- ⊙ More same-day, next-day, after-hours and weekend care
- ⊙ Lower rates of hospital readmissions; lower emergency department use
- ⊙ Higher patient satisfaction

3. More Consistent and Accessible Home & Community Care

- Essential home care functions would be moved into the LHINs to enable better integration with other parts of the health care system.
- Home care coordinators would be increasingly focused on LHIN sub-regions and placed in primary care settings.
- Most home care services would continue to be provided by current service providers. Over time, contracts with these service providers would be better aligned with LHIN sub-regions.
- The ministry's 10 step plan Patients First: A Roadmap to Strengthen Home and Community Care would continue with greater support and renewed emphasis under LHIN leadership.

Anticipated Performance Improvements

- ⊙ Easier transitions from acute, primary and home and community care and long-term care
- ⊙ Clear standards for home and community care
- ⊙ Greater consistency and transparency around the province
- ⊙ Better patient and caregiver experience

4. Stronger Links Between Population & Public Health and other Health Services

- Population health – defined as the health outcomes of a particular community – is a core responsibility of local public health units in Ontario.
- The proposed reforms would foster integration of population health and health system planning and delivery.
- LHINs and public health units would formalize the alignment of their planning to ensure that population and public health priorities inform funding and delivery.
- The ministry would appoint an Expert Panel to advise on opportunities to deepen that partnership between LHINs and local boards of health and to improve public health capacity and delivery.

Anticipated Performance Improvements

- ⊙ Health service delivery better reflects population needs
- ⊙ Public health and health service delivery better integrated
- ⊙ Social determinants of health and health equity incorporated into care planning
- ⊙ Stronger linkages between disease prevention, health promotion and care

5. Services that Address Needs of Indigenous People Across Ontario

- There is a need to improve access, co-ordination and relationships between Indigenous communities and health service providers; increase cultural competency training among health practitioners and address the social determinants of health unique to Indigenous populations.
- Ontario will continue working with First Nations, Métis, Inuit and urban Indigenous partners on strengthening their voices in system planning and services, in particular with respect to equitable access to services that meet their unique needs.
- Ontario will follow through with our commitment to meaningfully engage Indigenous partners through parallel processes that, through collaboration, will identify additional changes needed.

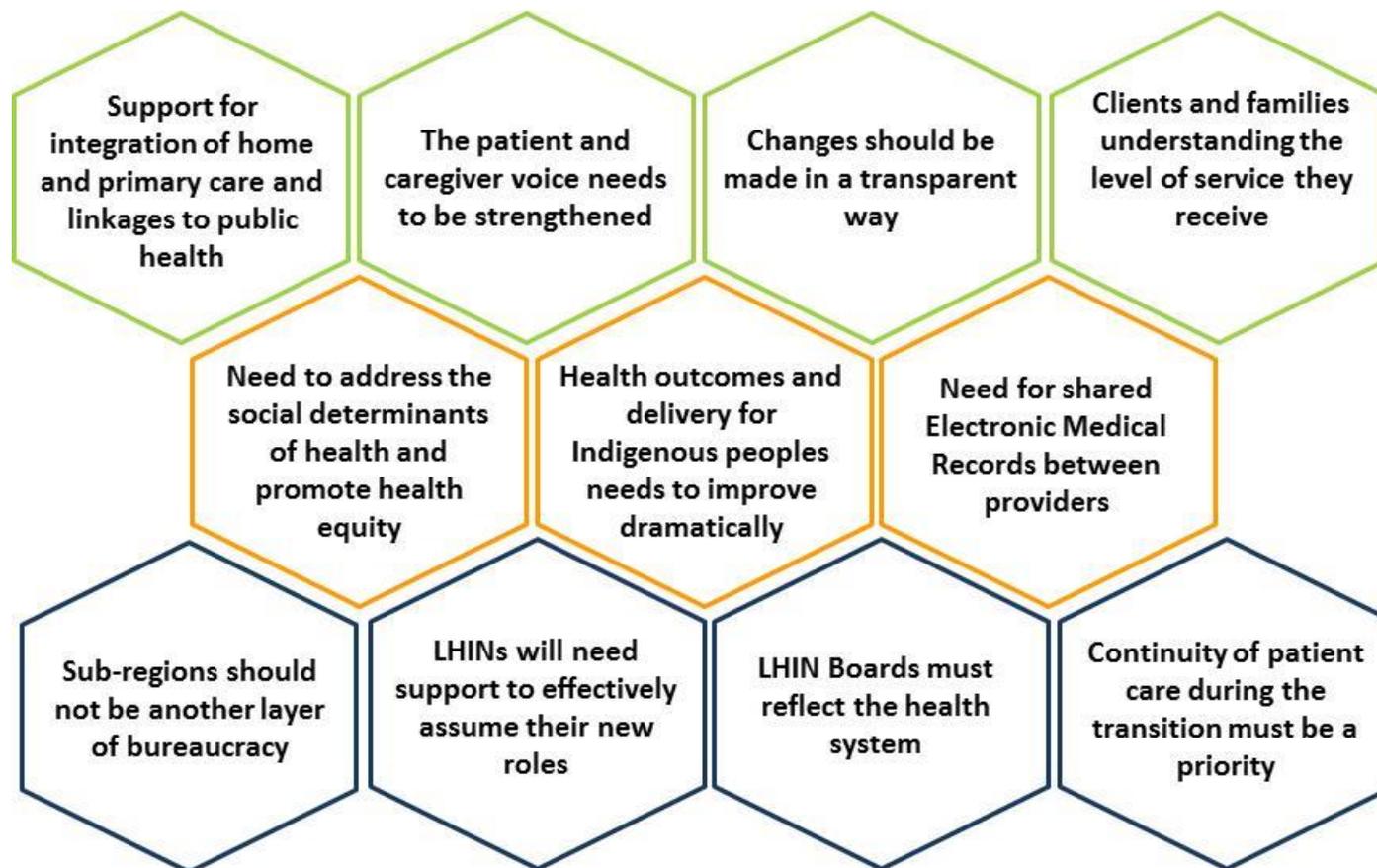
Anticipated Performance Improvements

- Strong Indigenous voices in system planning and service delivery
- Better health outcomes for Indigenous peoples
- Social determinants of health unique to Indigenous populations is incorporated into care planning
- Culturally competent care delivery, incorporating traditional approaches to healing and wellness

**Advice the Ministry and LHIN received from patients,
providers and health care organizations**

Consultation and Engagement: Key Themes

- Ministry and LHINs held engagement sessions with stakeholders, and gathered feedback and ideas on the proposal.
- Over **6,000** individuals and organizations were consulted by the ministry in **6** regional sessions, as well as nearly **250 LHIN-led regional sessions**.



Central East LHIN *Patients First* Consultation & Engagement

- 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, 2016
 - **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)

Central East LHIN Consultation & Engagement - Key Themes

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

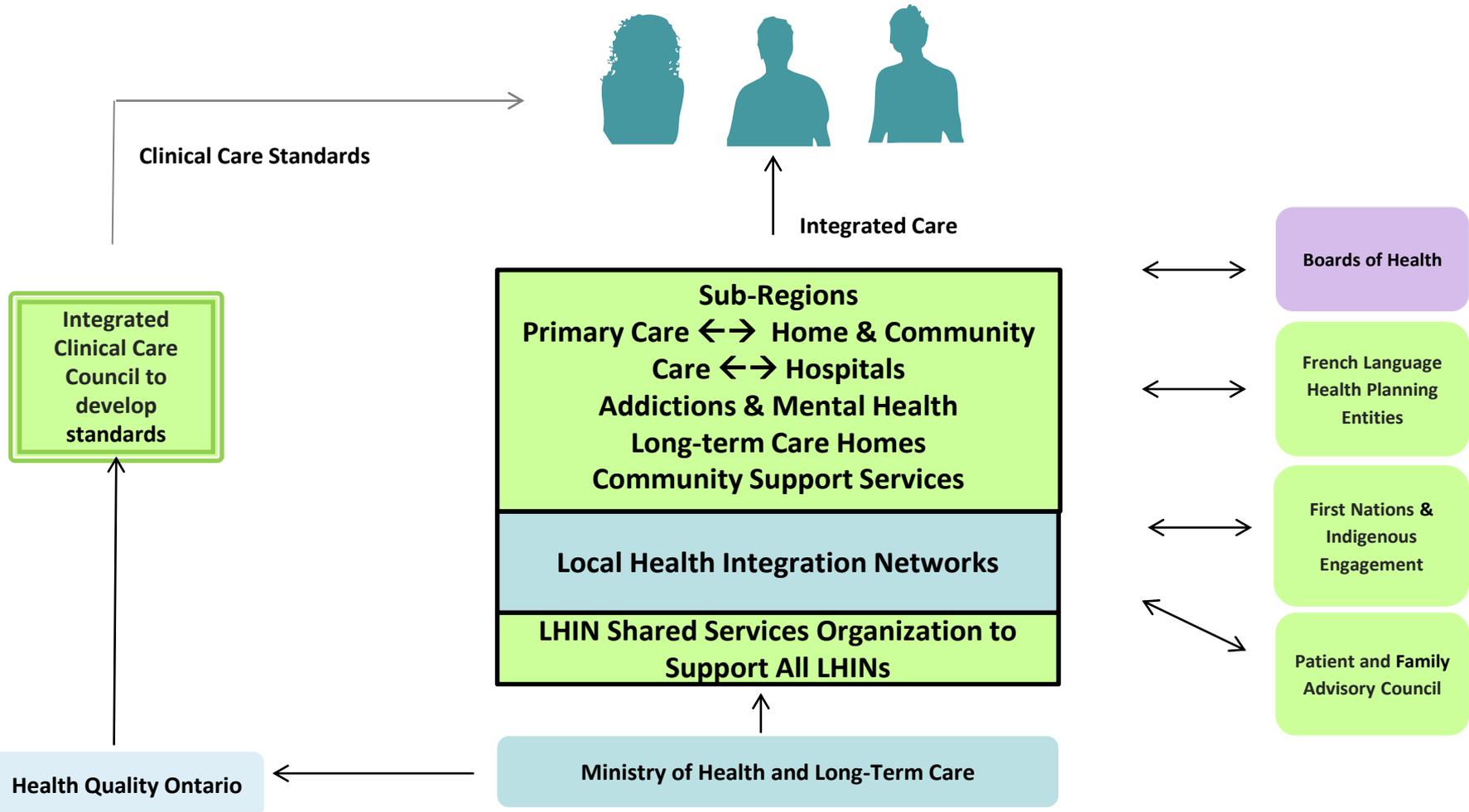
Health Service Providers:

- 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

Update on *Patients First* implementation planning

Ontario's Health System at Transition

Goal: Patients Receive Integrated, Accessible Care of Consistently High Quality



The Local Health System Integration Act, 2006 (LHSIA)

- The LHINs are **currently mandated under the *Local Health System Integration Act, 2006 (LHSIA)*** to plan, fund and integrate health services for defined geographic areas.
- LHINs, as non-profit corporations and Crown agents, can only carry out or do what is described in the objects set out in LHSIA, which include:
 - **Promoting the integration of the local health system** to provide appropriate, co-ordinated, effective and efficient health services;
 - **Engaging the community of persons and entities** involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation;
 - **Allocating and providing funding** to health service providers, in accordance with provincial priorities; and
 - Entering into agreements to **establish performance standards and to ensure the achievement of performance standards** by health service providers that receive funding from the network.
- As identified in the *Patients First* proposal, health system improvements would result from better integrated care. Legislative amendments would be required to provide LHINs with the authority to plan and implement better integration of primary care, home and community care services and to better incorporate population and public health into local health planning.

Implementation Guiding Principles

- Put Patients First!
- Progress from good vision to detailed planning
- Integrate with existing work underway in the LHINs and CCACs
- Actively partner and consult with project team members and key informants
- Implement through an inclusive, evidence-informed approach:
 - Identify any early data or information needed;
 - Set clear goals and expectations;
 - Apply diversity and equity lens: work streams with designated responsibility to highlight
- Support culture change: identify training and communication needs arising from each work stream

Oversight and Resourcing for Implementation Planning

To oversee implementation planning of work streams emerging from *Patients First: Action Plan for Health Care*, a **joint MOHLTC-LHIN Steering Committee, composed of ministry and LHIN executive leadership**, has been established.

- The Steering Committee will consult with LHIN Board Chairs, CCAC Board Chairs and other external advisors.
- Implementation of work streams is being led by a **dedicated ministry secretariat**, and supported by a **transition team of senior LHIN resources**.
- Each work stream is guided by a **Terms of Reference** and supported by a **multi-sectoral project team, co-led by the ministry and LHINs**, and including **representation from the Ontario Association of Community Care Access Centres (OACCAC)** and **Community Care Access Centres (CCAC)** to deliver on critical elements of the implementation plan.
 - Work stream deliverables will also be informed by active engagement with stakeholders and key informants.

Implementation: Work Streams

The Ministry and LHINs are currently engaged in active planning for the successful implementation of Patients First through **fifteen work streams** that address **priority areas of implementation planning**:

1. Governance: Consider a governance regime that would reflect the proposed expanded role of LHINs, including proposed adjustments to the LHIN-ministry relationship and LHIN Board configuration.

2. Management: Consider a proposed management structure that would reflect the proposed expanded LHIN role and ensure needed managerial capacity is in place at transition.

3. Corporate Services Entity: Consider a proposed entity for the purpose of providing shared services support to LHINs pursuant to the proposed expanded LHIN mandate.

4. Capacity-building and Readiness: Support the LHINs in assessing their readiness for, and building capacity to enable a smooth transition to the proposed expanded mandate.

5. Sub-Regions: Establish sub-region infrastructure required to support population-based planning, service alignment and integration and performance improvement.

6. Clinical Leadership: Develop and implement a clinical leadership model for LHINs, including in sub-regions, to foster system integration and performance improvement.

7. Integrated Clinical Care: Consider a proposed Integrated Clinical Care Council for the purpose of developing and deploying clinical standards for key areas of the health system.

8. Primary Care: Consider how to enable LHINs to assume the proposed responsibility for planning and performance improvement of primary care, through LHIN and sub-region supports.

9. Home and Community Care: Consider how to enable LHINs to assume the proposed responsibility for the delivery of home and community care, to be supported through the implementation of the Roadmap to Strengthen Home and Community Care.

10. Work force: Plan for the proposed transition from separate LHINs and CCACs to the combined LHINs/CCACs with integrated workforce and ongoing collective agreements and union representation.

11. Performance and Data: Create the data and system infrastructure necessary to report on and improve performance.

12. Public Health: Create structures to support formal engagement between public health and LHINs to support improved population health.

13. French Language Services: Support access to French Language Services through LHIN engagement and sub-regional integration.

14. Indigenous Engagement: Support alignment of LHIN Indigenous engagement with provincial Indigenous health strategies.

15. Patient and Family Engagement: Support alignment of proposed LHIN patient and family committee formation with the proposed provincial Patient and Family Council.

Key Provincial Priorities – in progress

Work streams are prioritizing a number of key deliverables to support accelerated implementation planning.

These include:

- Progressing with LHIN Sub-Region formation planning;
- Developing initial readiness requirements;
- Identifying what supports are needed for LHIN and CCAC readiness assessment and capacity-building planning and when;
- Planning for what a LHIN shared services approach should be and how best to implement it;
- Planning for the expansions of LHIN Board member and LHIN management compositions;
- Planning for public reporting of key indicators to demonstrate health system performance improvements;
- Identifying data needs to support monitoring and reporting on progress

Keeping Stakeholders Informed of Progress

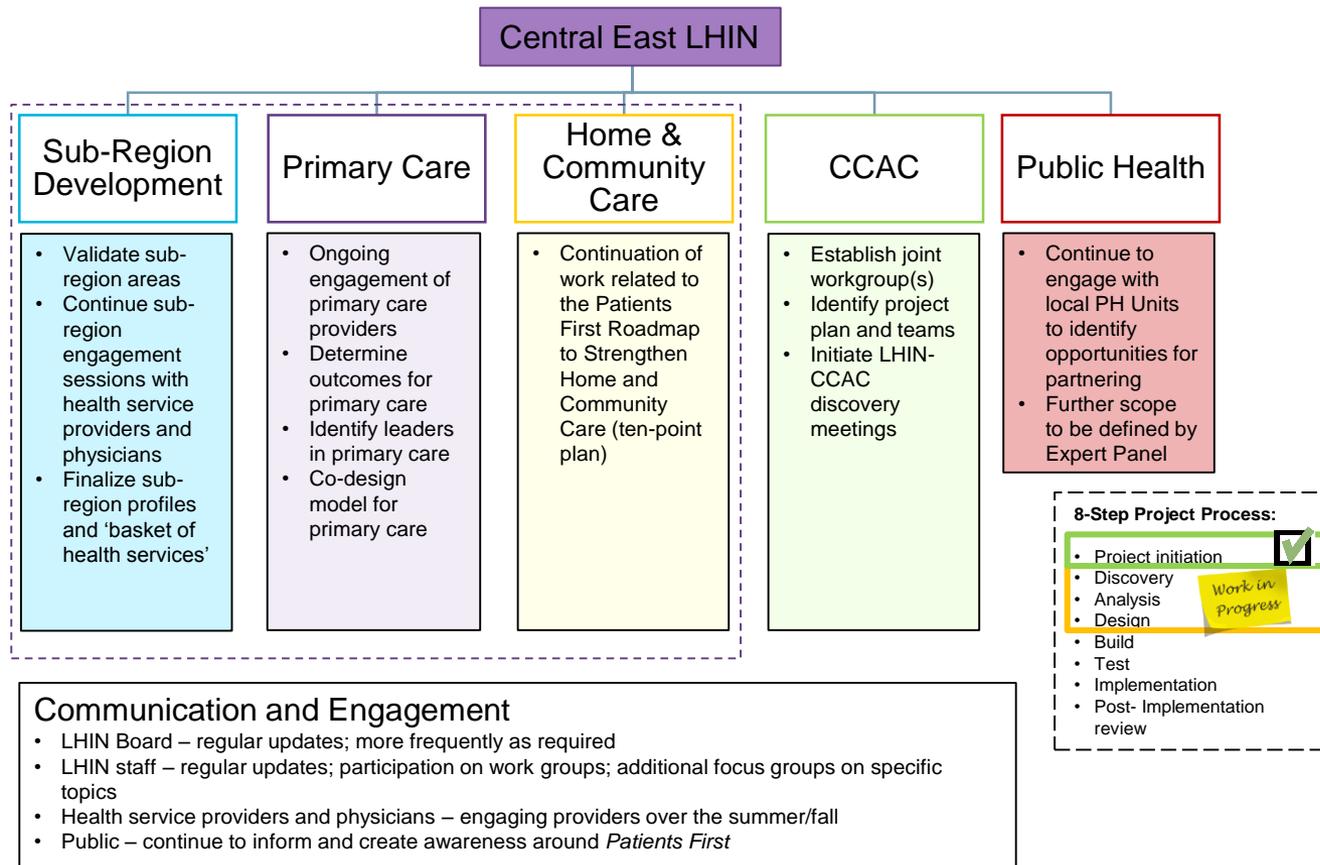
The following activities will occur over the coming months and will help to shape the implementation of *Patients First*:

- Work stream meetings, and outreach to key informants
- Deputy Minister's webinar update
- Ongoing discussion with sector stakeholders

Patients First
Initial Local Planning

Patients First Project Work Streams

Central East LHIN Initial Planning



Central East LHIN sub-regions

Central East LHIN Sub-Regions

- The Central East LHIN's seven sub-regions were identified and approved by the Central East LHIN board in June 2013, to support the planning and development of *Health Links*.
- In addition to population size, in establishing proposed *Health Link* (now sub-region) boundaries the LHIN undertook an analysis of hospital and physician (primary care and specialty) activity and the “loyalty” that was occurring within each the sub-region.
- Consultation with patients, caregivers and other interested individuals on the proposed seven sub-regions occurred as part of the community engagement related to the introduction of *Health Links* in 2013
- Ongoing engagement regarding *Health Links* (sub-regions) supported the implementation of the Central East LHIN Integrated Health Service Plan 2013-16.
- Further consultation continued during community events that were held to inform the development of the Central East LHIN Integrated Health Service Plan 2016-2019 (IHSP 4) and are ongoing as the LHIN ***advances integrated systems of care to help Central East LHIN residents live healthier at home***



Formalizing LHIN Sub-Regions

- Building on progress made by LHINs to date, the ministry requested that by September 30, 2016, each LHIN complete and submit a “Guide to Formalizing LHIN Sub-Regions”.
- The purpose of the Guide is to outline the process to finalize and formalize sub-regions, as well as to outline common requirements for these sub-regions.
- LHIN sub-regions are a key feature of the proposed *Patients First* strategy, as they would serve as a means to enable LHINs to identify and respond to population need and to better plan, integrate and improve performance of health services.
- **Sub-region geographies are not boundaries and would not act as a barrier for patients to access services.**

Central East LHIN: Sub-Region Demographics

The Central East LHIN's sub-regions range in population size from smallest at 72,475 (Northumberland County) to largest at 434,815 (Scarborough South).

	Scarborough Cluster		Durham Cluster		North East Cluster		
	Scarborough North HL community	Scarborough South HL community	Durham West HL community	Durham North East community	Haliburton County and City of Kawartha Lakes HL community	Peterborough HL community	Northumberland County HL community
Land Area (sq km)	42.4	138.3	449.1	2,172.1	7,893.8	4,215.2	1,766.9
Population Density (persons per square kilometre)	4,207	3,144	713	132	11	32	41
Total Population							
Population (Census 2011, based on Dissemination Areas)	178,395	434,815	320,400	287,800	89,310	135,085	72,475
Population 65+	30,705	59,615	32,525	40,980	20,370	27,165	15,305
Population 75+	15,490	28,535	14,200	19,055	9,165	13,195	6,940
% population age 65+	17.2%	13.7%	10.2%	14.2%	22.8%	20.1%	21.1%
% population age 75+	8.7%	6.6%	4.4%	6.6%	10.3%	9.8%	9.6%
SES							
Language, Census 2011							
% who include English as their mother tongue	30.8%	56.5%	81.7%	90.1%	94.4%	93.7%	94.3%
% who include French as their mother tongue	0.8%	1.3%	1.9%	2.1%	1.2%	1.3%	1.4%
% with no knowledge of English or French	16.3%	3.6%	0.8%	0.3%	0.1%	0.2%	0.1%
Immigration, Census 2006							
% who are immigrants	69.5%	53.0%	26.6%	13.7%	8.4%	9.5%	11.0%
% who arrived within 5 years	15.9%	10.3%	2.6%	0.9%	0.3%	0.7%	0.4%
Visible minorities and identity, Census 2006							
% who are visible minorities	81.6%	62.4%	26.9%	5.9%	1.5%	2.4%	2.3%
% who self-identify as Aboriginal	0.1%	0.6%	0.9%	1.5%	1.9%	3.2%	2.0%

Central East LHIN: Sub-Regions – Checklist

- Align with existing patient care and referral patterns
- Are confined to the current LHIN boundaries
- Are exclusive, with no overlapping of boundaries
- Population size in each is at least 40,000 people



Central East LHIN: Key Characteristics

- Name, geography and population size of the sub-region
 - Scarborough South*
 - Scarborough North*
 - Durham West*
 - Durham North East*
 - Haliburton County and City of Kawartha Lakes*
 - Peterborough City and County*
 - Northumberland County*
- Number of acute care hospitals
- Estimated number of primary care providers/ organizations
- Estimated number of home and community care contracted service providers

Central East LHIN: Process to Formalize Sub-Regions

- Data and evidence
- Engagement process with patients, caregivers and other interested parties
- Engagement process with providers
- Equity lens, including engagement with Indigenous populations, French language populations, newcomers and immigrants, and other minority groups

Questions/Discussion/Motion

Appendix A - Patients First: A Roadmap to Strengthen Home and Community Care – 10 Step Plan

1. **Develop a statement of values with a focus on patient- and caregiver-centred care**
2. **Create a Levels of Care Framework**
3. **Increase funding for home and community care**
4. **Move forward with Bundled Care**
5. **Offer self-directed care to give patients more control**
6. **Expand caregiver supports**
7. **Enhance support for Personal Support Workers**
8. **Increase nursing services for patients with complex needs**
9. **Provide greater choice for palliative and end-of-life care**
10. **Develop a capacity plan**

<http://www.health.gov.on.ca/en/public/programs/ccac/roadmap.pdf>