



Notice of Intention to Voluntarily Integrate Services – Rouge Valley Health System (RVHS) and Ross Memorial Hospital (RMH)

Central East LHIN Board of Directors Meeting
March 27, 2013

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Background

- Cardiovascular Rehabilitation (CR) is an integrated program delivered by an interdisciplinary team which includes exercise, educational and supportive care components through an individualized exercise program, structured educational classes and lifestyle management.
- The value of CR is validated in numerous studies and reports published by the Ministry of Health and Long-Term Care , Canadian Cardiovascular Society and the Canadian Association for Cardiac Rehabilitation.
- In 2009-2010, the Central East LHIN infused \$150,000 reoccurring funding to stabilize the Ross Memorial Hospital's Cardiac Rehabilitation Program.
- In 2010-2011, the Central East LHIN approved the integration of CR programs at Lakeridge Health Centre and Rouge Valley Health System into a single regional service using the "hub and spoke" model.
- In 2011, the Central East LHIN expanded the funding for the Rouge Valley Health System and Lakeridge Health with \$1 million.

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Achievements of the Current Integrated Regional Model

- **Centralized referral**
 - Single point of access for patients;
- **Standard Work for Cardiovascular Prevention Service**
 - Standardization of best practice care;
 - Individualized exercise assessment, prescription and risk factor profile;
 - Six month weekly exercise program;
 - Educational program that encompasses interdisciplinary health team model;
- **Data Management**
 - London Cardiovascular Information System used at all sites;

Current Status

- **Central East LHIN Regional Integration Model**
 - “Hub and spoke model” of service delivery with the regional cardiac center at RVHS –current sites in Scarborough and Durham;
 - Information technology and administrative infrastructure for a regional, comprehensive secondary prevention strategy;
 - Uniform standards of care to improve access , improve quality and lower risks; and
 - Specific pre-specified measureable outcome targets.
- **The proposal request is to add the Ross Memorial Hospital**
(with planned outreach to Haliburton, Kawartha Lakes)
 - Functioning with common clinical and program standards using Chronic Disease Management Model.

Management Perspective/Recommendation- Proposal A

An increase by 30% of total patients seen for the fiscal year. This option requires total Central East LHIN funding of \$235,125. This amount is based on the regional program rate of \$855/patient. The total Central East LHIN investment is \$85,125 more than the \$150,000 annual commitment from the LHIN.

Perspective;

This allows the service gap to close, increase the volume of patient's access to the program and creates equity for patients and removes fees for patients attending RMH program.

Recommendation to support;

Management recommends that the Central East LHIN Board of Directors support Option A as this aligns with our Triple Aim approach (better health, better care and better value for money) as well as alignment and accountability.

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Management Perspective/Recommendation-Proposal B

The same number of patients will be seen during the fiscal year. This option requires total LHIN funding of \$175,000. This option relies on the \$150,000 commitment from the LHIN and an additional \$25,000 to eliminate fees for patients attending Ross Memorial Hospital program.

Perspective;

This allows the service gap to close, no increase in patient volume therefore decrease in access to the program and removes patient fees.

Recommendation not to support;

This creates limited access to program and increased patient waiting time.

Management Perspective/Recommendation-Proposal C

The same number of patients will be seen during the fiscal year. This option is status quo which supports the annual commitment from the Central East LHIN of \$150,000 as well as the program fee paid for by the patient.

Perspective;

This creates a service gap, access to program is limited therefore a potential for wait times to increase and patient continues to pay a fee to enter the program.

Recommendation not to support;

Suggests limited access to program, increase in patient wait times and burden on patient for program fee.

Proposed Budgets

Proposal	Proposed Option A	Proposed Option B	Current Option C
Volume & Type of Patients:			
a) Cardiac (including Heart Failure)			
b) Pulmonary	275	205	205
c) Total Volume	45	45	45
	320	250	250
Funding:			
a) From Central East LHIN:	\$150,000	\$150,000	\$150,000
Present	\$85,125	\$25,000	
b) From Central East LHIN: New	\$85,000	\$85,000	\$85,000
c) RMH Base	\$0	\$0	\$25,000
d) Patients	\$320,125	\$260,000	\$260,000
TOTAL BUDGET:			
CR Funding per Case	\$855	\$855	

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Board Motion

Be it resolved that the Central East LHIN Board of Directors endorse the proposed voluntary integration involving Rouge Valley Health System and Ross Memorial Hospital.

Management would recommend supporting proposal A which results in an additional investment of \$85,125 more than the \$150,000 annualized commitment. Management has identified financial opportunities within the 2013-2014 urgent priorities fund.