

What does the *Patients First Act* mean for Rural Communities?

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South West Local Health Integration Network (LHIN)

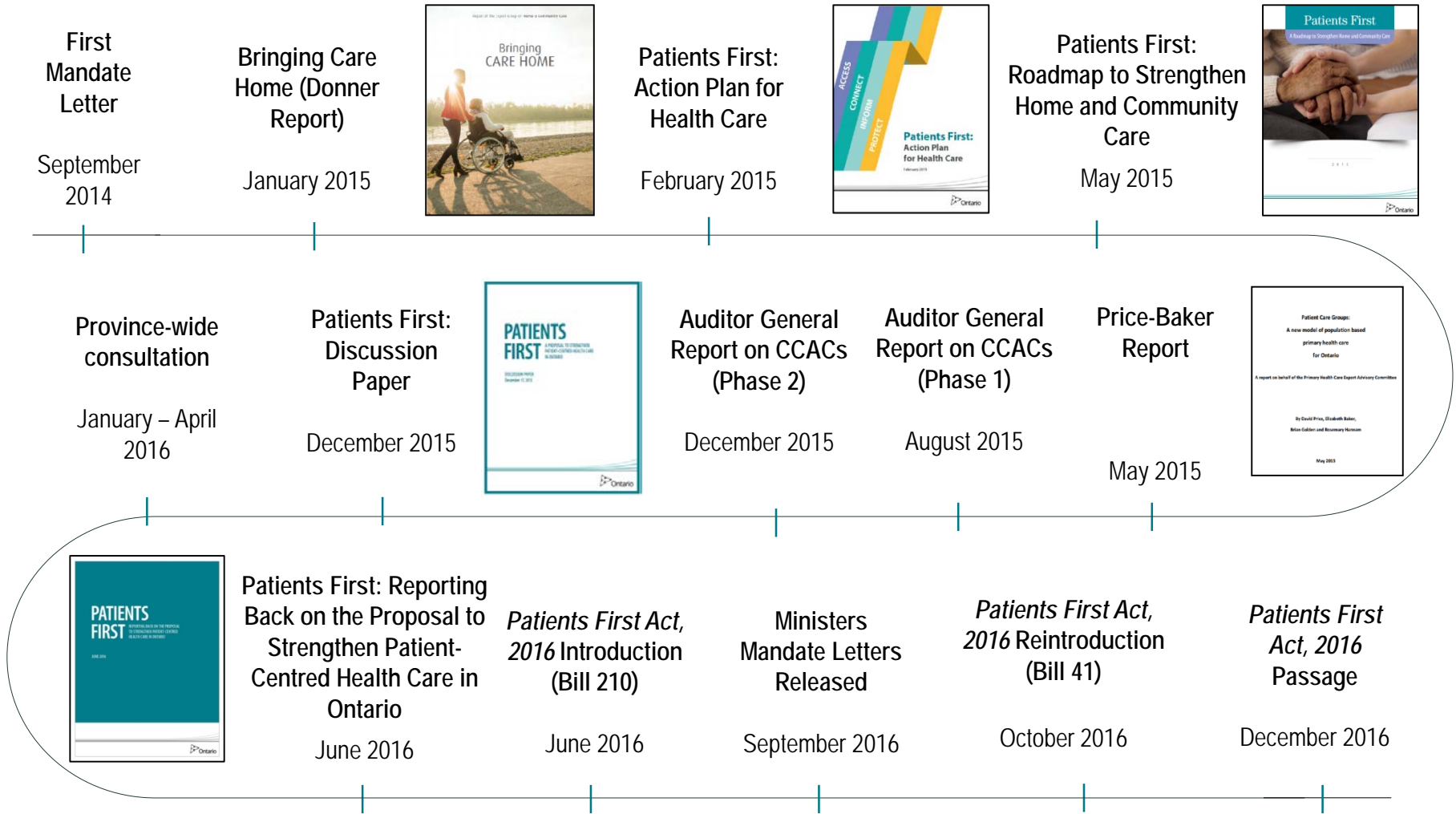
ROMA Conference
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Overview of Today's Presentation

1. Background – the Patients First Journey
2. Local Health Integration Networks (LHINs) in Ontario
3. Key Areas of Change in Local Health Planning
 - Effective Integration through Sub-Regions
 - Clinical Leadership in LHINs
 - Primary Care
 - CCAC-LHIN Integration
 - Linkages between LHINs and Boards of Health

The Patients First Journey To Date





Five Goals of Health System Transformation

- **Effective integration of services and greater equity through sub-regions**
- **Timely access to and better integration of primary care**
- **More consistent and accessible home and community care**
- **Stronger ties to population and public health**
- **Services that address the needs of Indigenous people**

How the *Patients First Act, 2016* Supports Transformation

Goals

More Effective Service Integration, Greater Equity

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

More Consistent and Accessible Home and Community Care

Stronger Links Between Population & Public Health and other Health Services

Establishment of sub-regions

Designation of new health service providers

Transfer of CCACs to LHINs

Formal linkage between LHINs and Boards of Health

LHIN objects

Accountability mechanisms

Shared services entity to support back-office functions

Legislative enablers

Establishments of Integrated Clinical Care Committee

Primary health care practice info reporting

Expanded LHIN governance

Establishment of sub-regions

Services that Address Needs of Indigenous Communities Across Ontario

Ontario is engaging Indigenous partners through a parallel process that will collaboratively identify the requirements necessary to achieve responsive and transformative change.

Local Health Integration Networks (LHINs)

- Established by the Ministry of Health and Long-Term Care in 2005
- 14 LHINs covering 14 geographic regions in Ontario

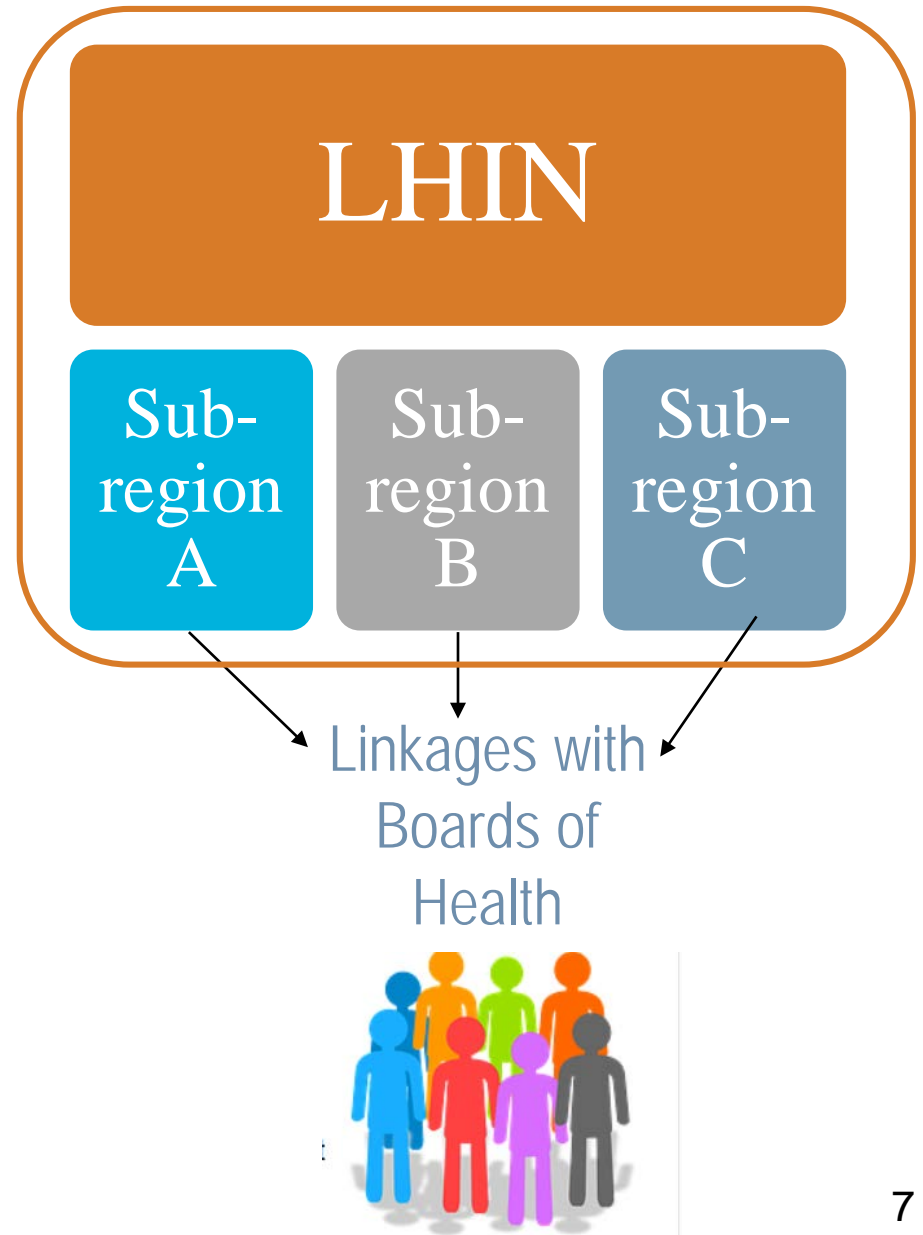


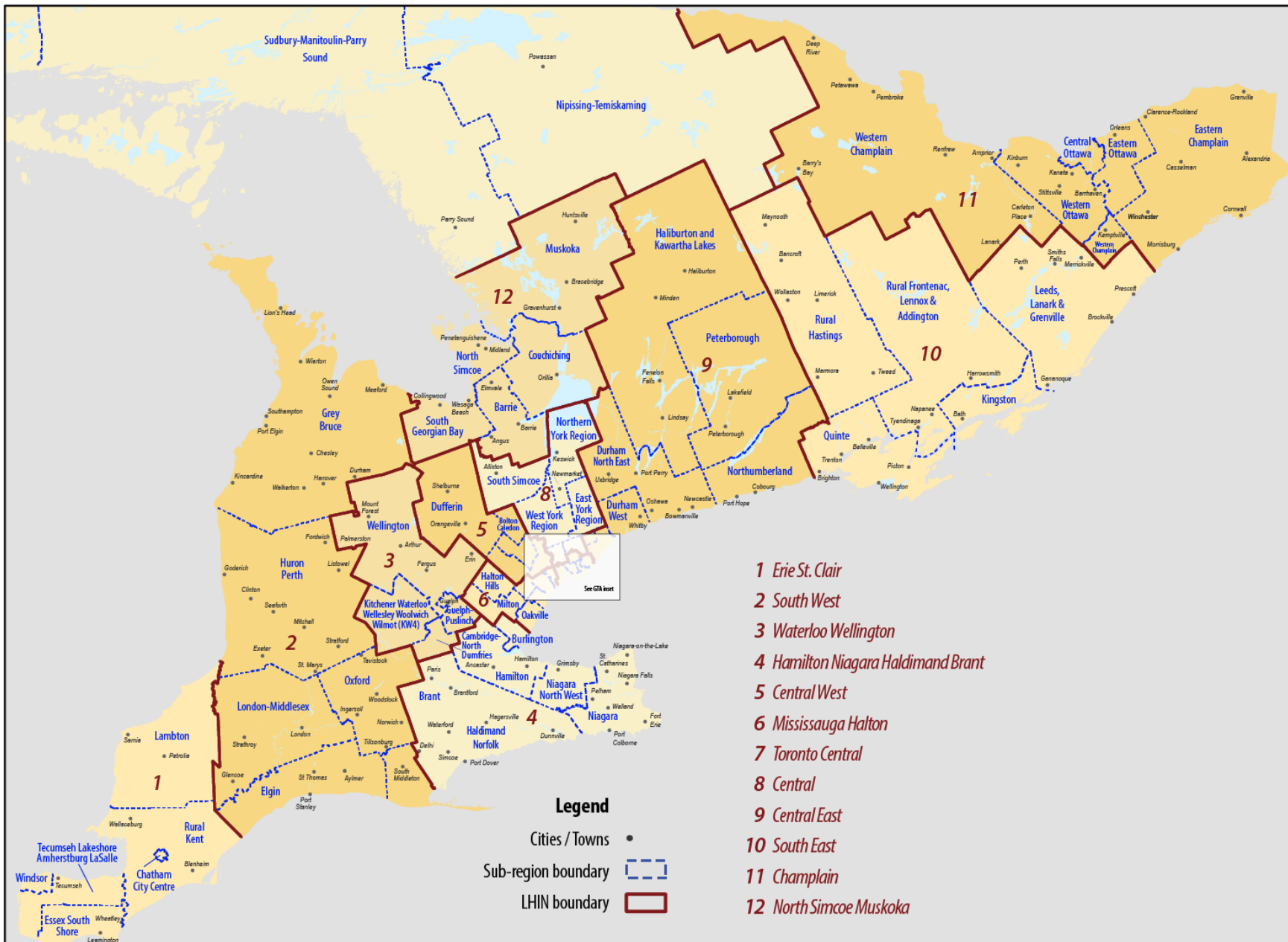
Sub-region geographies

LHIN sub-regions are smaller geographies where LHINs will work with partners on a more coordinated and integrated system.

Sub-regions have been identified based on

- Existing patterns of service provision and patient referral patterns
- Consultation with local health service providers and community partners
- Building on Health Links coordinated care planning approach to better serve residents with high care needs





- 1 Erie St. Clair
- 2 South West
- 3 Waterloo Wellington
- 4 Hamilton Niagara Haldimand Brant
- 5 Central West
- 6 Mississauga Halton
- 7 Toronto Central
- 8 Central
- 9 Central East
- 10 South East
- 11 Champlain
- 12 North Simcoe Muskoka

LHIN sub-regions, southern Ontario

LHIN sub-regions, northern Ontario



Sub-Region “Wills and Won’ts”

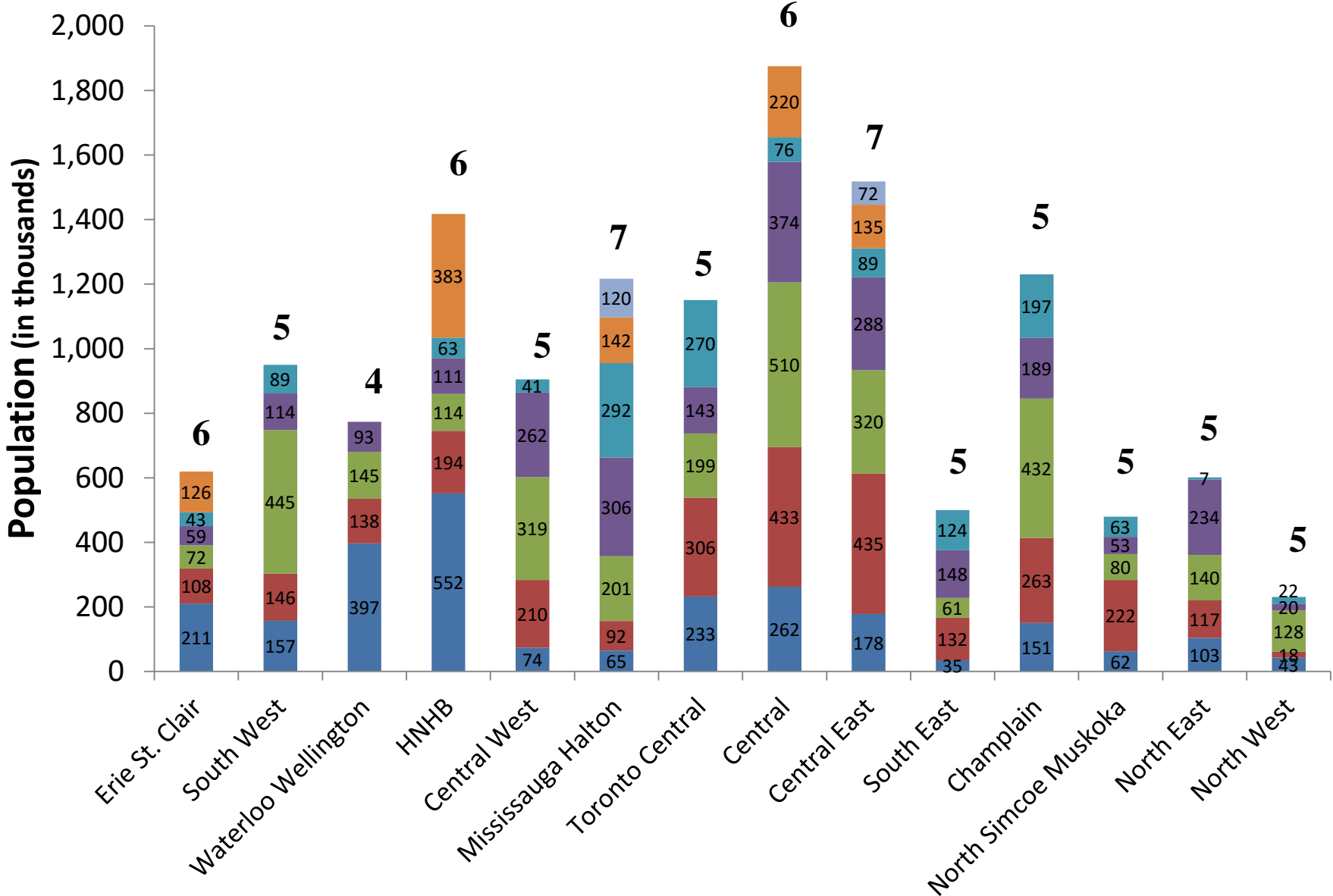
LHIN Sub-Regions will ...

- Bring together health system and community partners, as well as clinical leadership, at the local level in health system planning and improvement.
- Enable more focus on assessing population health need and service capacity.
- Provide health system data and information for the population of the sub-region

LHIN Sub-Regions won't ...

- Result in more bureaucracy. Sub-regions will utilize existing LHIN staff in more effective ways - no new organizations are being formed.
- Impede ministry or LHINs' obligations to engage with provincial and regional partners and patients. These will continue.
- Infringe on traditions or established jurisdictions in the planning, delivery or improvement of health services.

76 Sub-Regions, by LHIN and population





New Clinical Leadership in LHINs

Every LHIN Sub-Region will have a designated Clinical Lead (part-time) who will:

- Lead local clinical engagement and champion high-quality care
- Oversee quality improvement and patient safety
- Support design and implementation of LHIN primary care strategy
- Participate in local planning tables

This Clinical Lead will most likely be a family physician

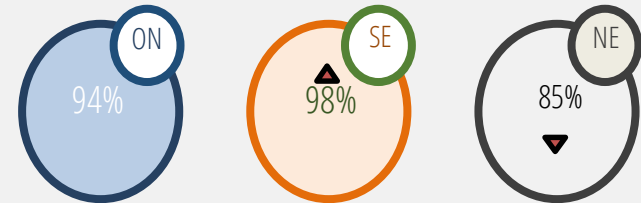
Clinical Leadership will work with local providers and local partners (such as community recruiters in municipalities) on coordinated health workforce planning.

New “VP Clinical” positions will be established in all LHIN to oversee clinical roles and provide leadership in the LHIN senior team.

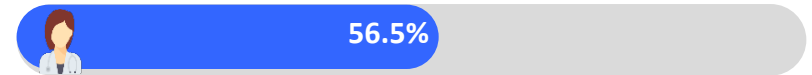
Primary Care: The Case for Change

- While patient attachment rates have improved in the past decade, significant numbers of Ontarians are still seeking a primary care provider.
- There is also regional variation in patient attachment, especially in areas with a lower density of primary care providers.
- Physician retirements can leave thousands of Ontarians unattached to primary care if not properly planned.
- Succession planning for primary care practices would allow greater continuity of primary care for patients.

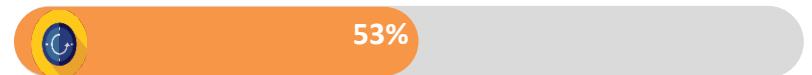
Percentage of patients that are attached to a regular PCP



Difficulty getting same day/next day access



Having difficulty getting after-hours care



Waited five or more days to see their primary care provider



Not aware of after-hours services provided





LHINs' Increasing Role in Primary Care

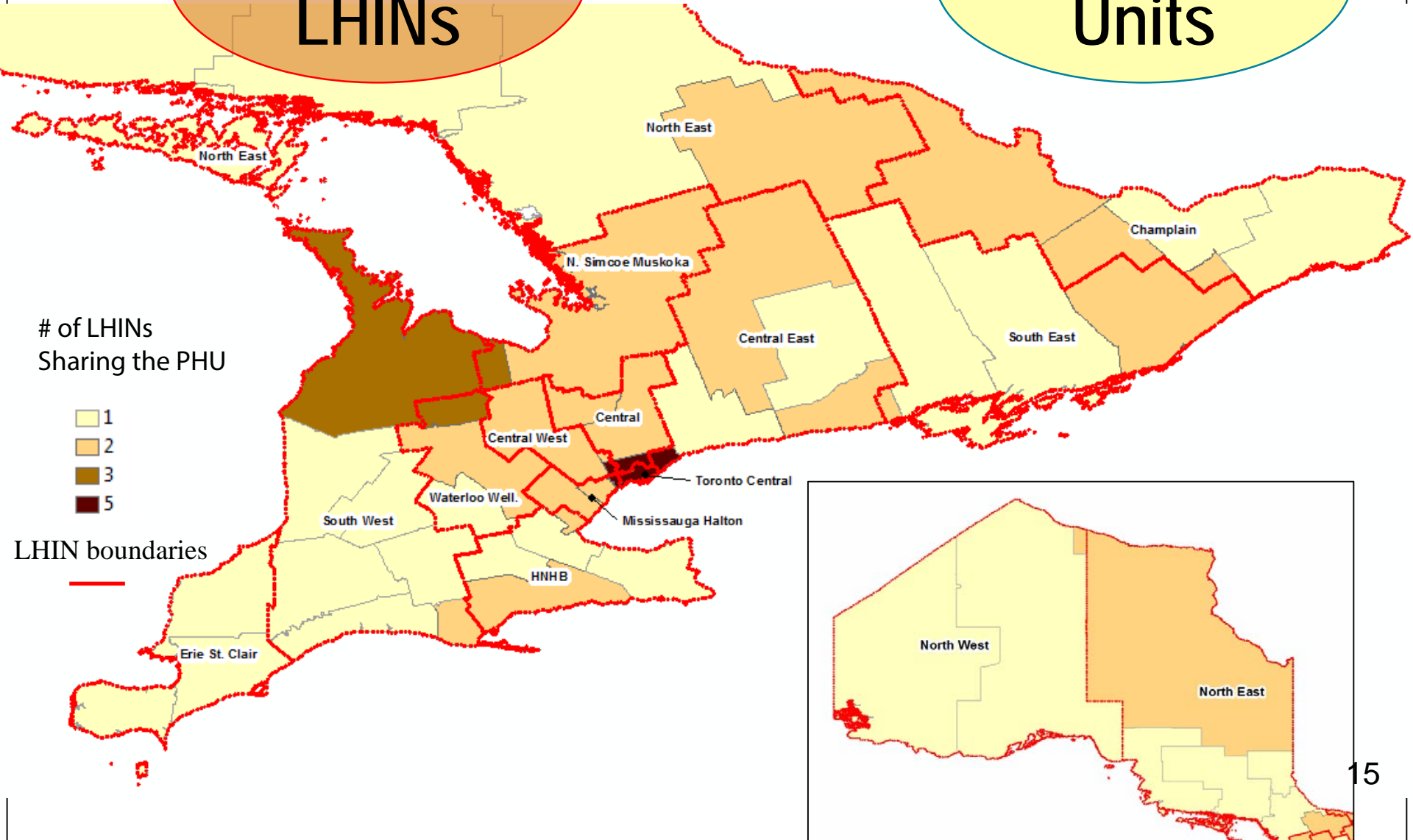
LHINs, in partnership with local clinical leaders, will take responsibility for linking patients with primary care services, health workforce planning, and improving access to inter-professional teams.

- **Primary care models:** *(ie. Family Health Teams) can now be funded by LHINs (this does not include the physicians)*
- **Health Care Connect:** *LHINs will employ the Care Connectors currently working in CCACs, helping individuals to be matched with a primary care provider*
- **Workforce Planning:** *LHINs' recommendations inform the ministry's designation of high needs area for primary care providers. Health Force Ontario regional advisors are co-located with LHIN staff in each LHIN to support workforce planning.*

No part of the *Patients First Act, 2016* would change the control that patients currently have over all aspects of their healthcare. Patient choice remains paramount and health care will not be disrupted.

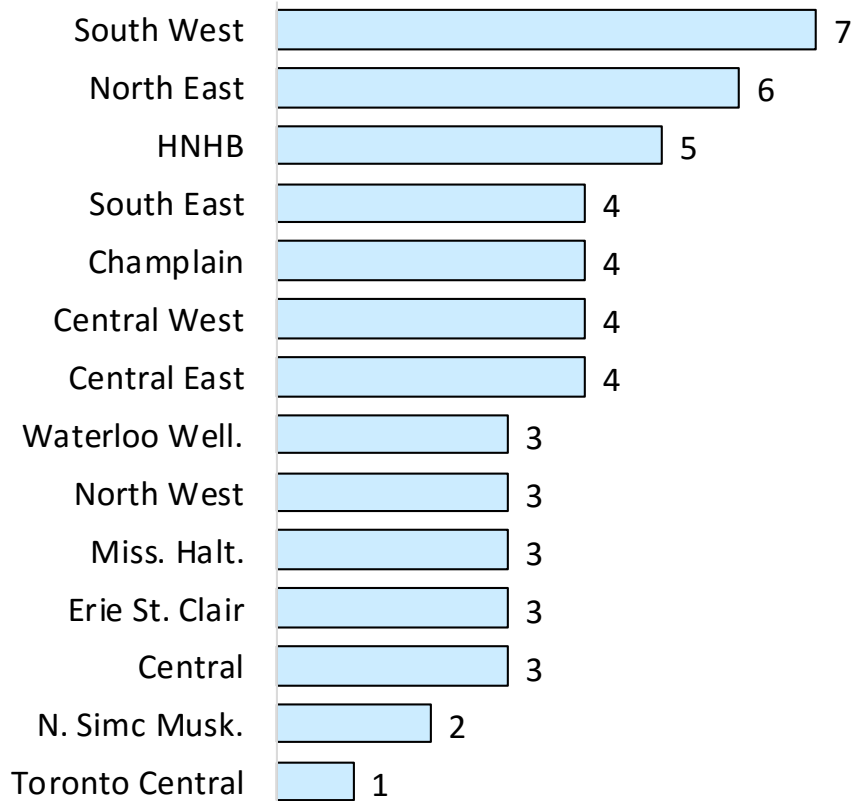
14
LHINs

36 Health
Units

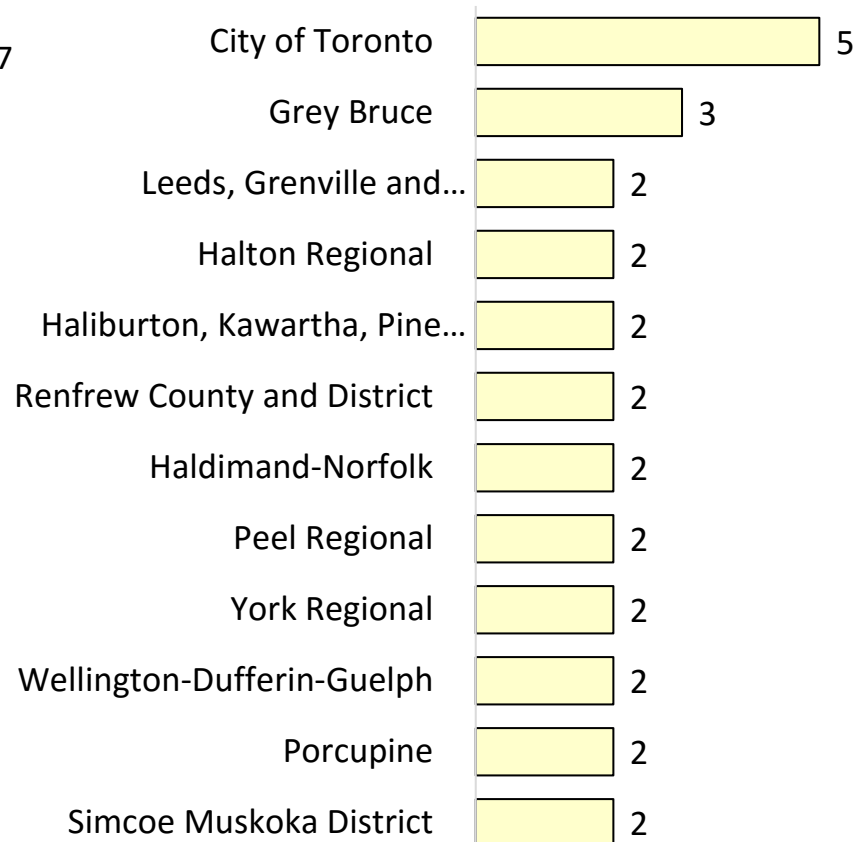


Geographic overlap between Health Units and LHINs

Health Units per LHIN



LHINs per Health Unit (2+)





Relationships between LHINs and Boards of Health enabled through *Patients First Act, 2016*

- “A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health’s delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery”
- LHINs will incorporate population health approaches in health system planning
- LHINs will benefit from Public Health’s population health assessments for local populations



Examples of Areas of Collaboration between LHINs and Boards of Health

- Health equity impact assessments
- Community Planning Tables
- Sub-region population profiles
- Integrated planning for indigenous health
- Maternal/child health services planning
- Falls prevention
- Diabetes prevention/ chronic disease prevention
- Planning services for selected cultural and language groups
- Emergency planning
- Outbreak response (e.g. Ebola response)



Community Care Access Centres – Integration with LHINs

- The *Patients First Act, 2016* will **transfer responsibility** for service management and delivery of home and community care from Community Care Access Centres (CCACs) to the LHINs.
- In the transition, **continuity** of patient care is a top priority. Transition is scheduled for late spring/summer 2017.
- **Goals of the integration:**
 - 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
 - Each LHIN has been mandated to achieve a **8% savings** in management and administrative costs in the new organization

LHINs: Now and in the Future

LHINs Plan, Fund, and Integrate the Local Health System

Linkages with
Boards of
Health



LHIN Sub-Regions
established

Accountable to LHIN:

- Hospitals
- Community Health Centres
- CCAC

Clinical Leadership
in place

- Long-Term Care homes
- Community Support Service providers
- Mental Health & Addictions providers

Home Care Services
integrated within LHINs

Planning for
Primary
Care





Questions?

Michael Barrett, CEO, South West LHIN