South West LHIN

BILL 210, PATIENTS FIRST ACT

Update to South West LHIN Board of Directors

June 21, 2016

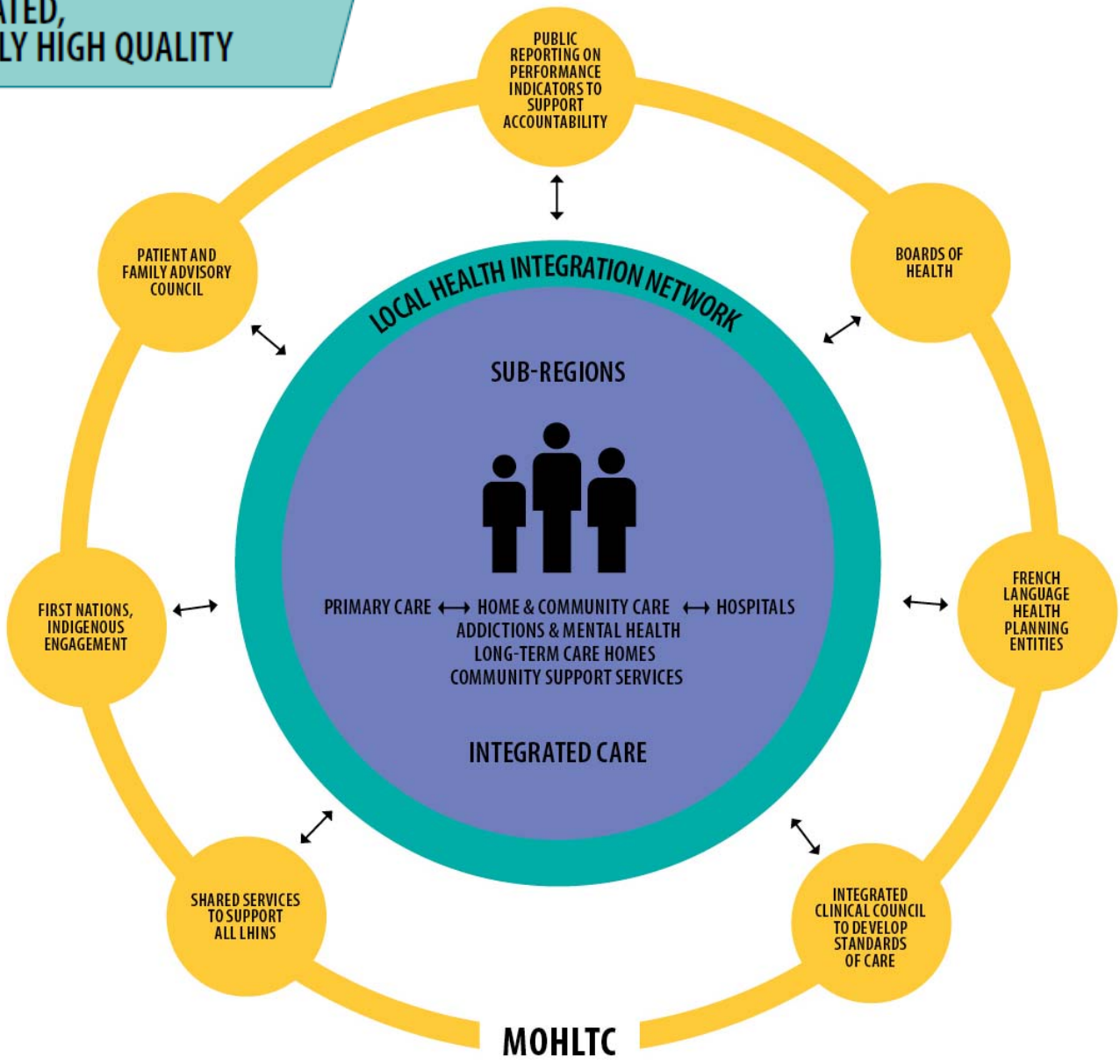
Ontario
Local Health Integration Network

Discussion Points

- Articulating the Future Vision
- Overview of the Legislation
- High-level overview of implementation work streams
- Early thoughts on sub-region formation
- Next steps
- Questions & Discussion

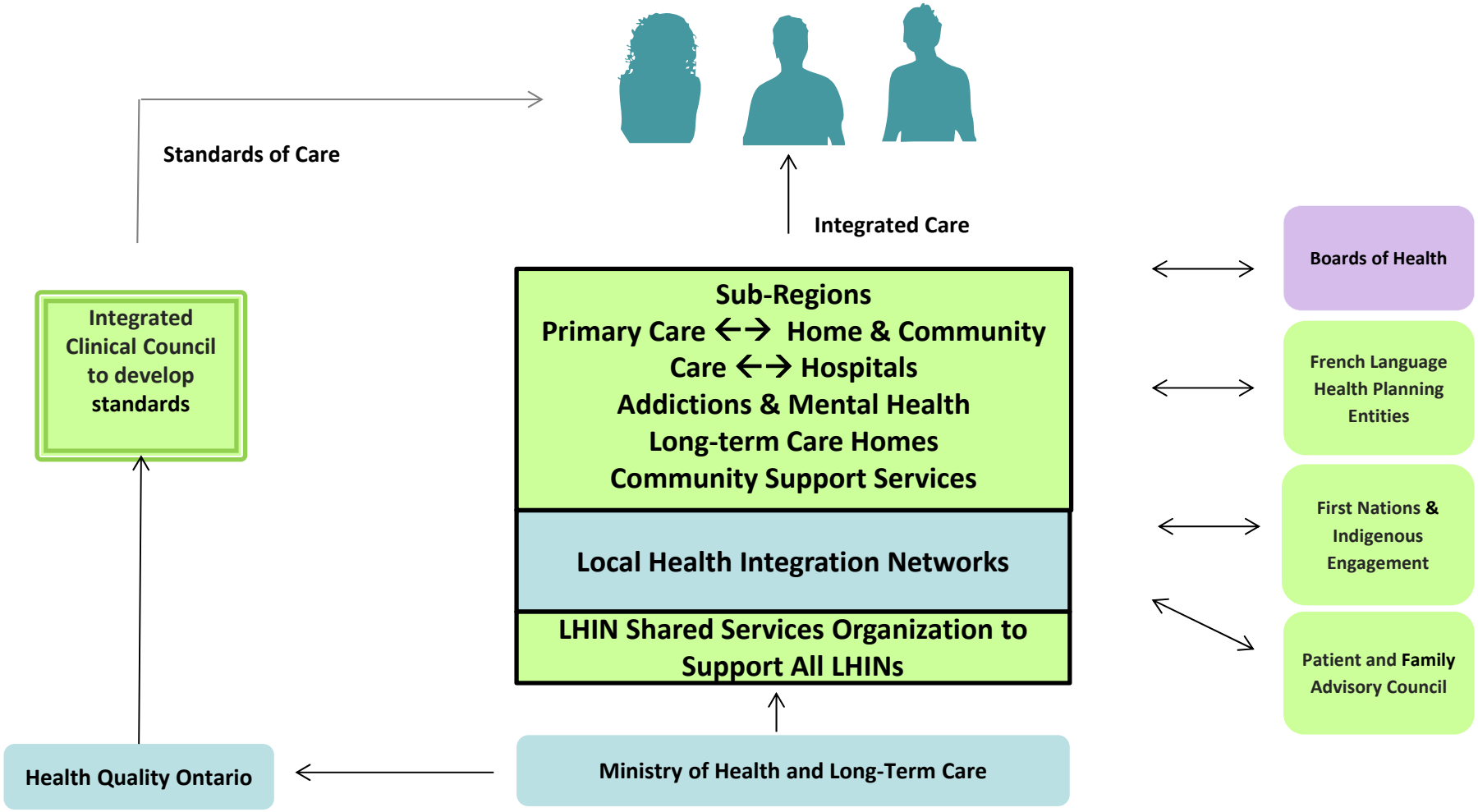
Vision for Integrated Care at the Local Level

GOAL: PATIENTS RECEIVE INTEGRATED, ACCESSIBLE CARE OF CONSISTENTLY HIGH QUALITY



Ontario's Health System at Transition: Anticipated Spring 20-17 (if Bill is passed)

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



Patients First Act – Vision in a sentence

"The overall vision of the Patients First Act is to improve access to health care services by giving patients and their families faster and better access to care, and putting them at the centre of an integrated health system".

Patients First Act

Acts Amended by the Patients First Act

- The bill containing the *Patients First Act, 2016* proposes amendments to LHSIA and the *Home Care and Community Services Act*, 1994 (HCCSA) to expand the mandate and role for the LHINs. If the bill were passed by the Ontario Legislature:

  - The *Community Care Access Corporations Act* (CCAC Act) would be repealed once the transfer of functions from the CCACs to the LHINs is complete.

  - Complementary and consequential amendments to the following Acts would be required:
    Health Protection and Promotion Act (HPPA)
    Health Insurance Act, (HIA)
    Excellent Care for All Act, 2010 (ECFAA)
    Ombudsman Act, (OA)
    Commitment to the Future of Medicare Act (CFMA)
    Personal Health Information Protection Act, 2004 (PHIPA)
    Public Hospitals Act, (PHA)
    Private Hospitals Act

  - Other statutes would be amended, as necessary, to remove references to CCACs.

Key Potential Legislative Changes

LHSIA	HCCSA	CCAC Act	HPPA	ECFAA
Expand the LHIN mandate and oversight powers and establish sub-regions	Allow the Minister to approve LHINs to provide home and community services (directly or through contracts with service providers)	Repeal the Act to reflect the wind down of the CCACs	Establish engagement requirements for LHINs and local boards of health	Support the establishment of an integrated clinical care council

Summary of Proposed Amendments (1)

Part 1: LHIN Governance and Mandate

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. LHIN Objects

- Amend LHIN objects to reflect LHINs' expanded mandate, including authority to deliver home care services currently provided by the CCACs and to coordinate community services, as well as to promote health equity and reduce health disparities and inequities in planning, design, delivery and evaluation of health services.

2. Additional Health Service Providers

- Allow LHINs to fund and have accountability relationships with additional Health Service Providers (HSPs), including Family Health Teams (non-physician funding), Aboriginal Health Access Centres, hospices, and nurse-practitioner-led clinics.

3. LHIN Sub-Regions

- Require LHINs to establish sub-regions as the focal point for local planning and performance monitoring and management.

4. LHIN Governance

- Expand LHIN board membership from 9 to 12 members to reflect the expanded mandate.
- Change the total length of time a person may be Board Chair (e.g., may exceed a maximum of six years when a person is appointed as a Board Chair after having served at least three years as a member).

5. Shared Services Entity

- Allow for the establishment, by regulation, of a shared services entity to support LHINs with the necessary shared services (e.g., payroll, financial, IT services and supports).

6. Patient and Family Advisory Committees

- Require each LHIN to have one or more Patient and Family Advisory Committees to support community engagement.

Summary of Proposed Amendments (2)

Part 2: Primary Care

If the bill is passed by the Ontario Legislature, the proposed amendments would:

- Add primary care models (not physicians) as HSPs funded by LHINs.
- Add "physician resources" to planning objects of LHINs.
- Give LHINs the ability to act on behalf of the Minister to monitor and manage (but not negotiate) contracts with physicians.
- Add regulation-making authority to require physicians to notify LHINs of practice changes (e.g., upcoming retirement).

Part 3: Home and Community Care

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. LHINs to Provide Home and Community Services

- Give the Minister the authority to order the transfer of CCAC staff and assets to LHINs.
- Following a Minister's order, LHINs would assume responsibility for the management and delivery of home and community care (directly or through contracts with service providers), including the placement of patients into long-term care homes.

2. Labour Considerations

- LHINs would become successor employers under collective agreements.
- LHINs would establish an integrated management structure.

3. Wind Down CCACs

- Dissolve CCACs by Minister's order after CCAC staff and assets have been transferred to the LHINs.

Summary of Proposed Amendments (3)

Part 4: Public Health

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. Population and Public Health Planning

- Establish a formal relationship between LHINs and local boards of health to support joint health services planning.

Part 5: Enhanced Oversight and Accountability

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. Enhanced LHIN Oversight

- Give LHINs the ability to issue directives, investigate and supervise health service providers, as necessary, with the exception of hospitals (only ability to issue directives and investigate) and long-term care homes.

2. Enhanced Minister Oversight

- Give the Minister the ability to issue directives, investigate, or supervise LHINs, as well as enhanced power to issue directives to public and private hospitals. The Minister would also have the authority to set standards for LHINs and health service providers.

Part 6: Complementary Legislative Changes

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. Integrated Clinical Care Council

- Allow for an integrated clinical care council to be established within Health Quality Ontario to develop and make recommendations to the Minister on clinical standards in priority areas (e.g. home care, primary care).

2. Patient Ombudsman

- Give the Patient Ombudsman oversight of complaints regarding home and community care and related health service functions provided or arranged by the LHINs. The Provincial Ombudsman would retain oversight over LHINs in their services planning and other functions not related to health services delivery.

3. Provincial Patient and Family Advisory Council

- Allow for the establishment of a provincial Patient and Family Advisory Council (PFAC).

Implications for Francophone and Indigenous Communities

Francophone Patients and Communities

- LHINs are subject to the *French Language Services Act* (FLSA), which means that the rights of CCAC clients to reasonable access to service in French would be preserved.

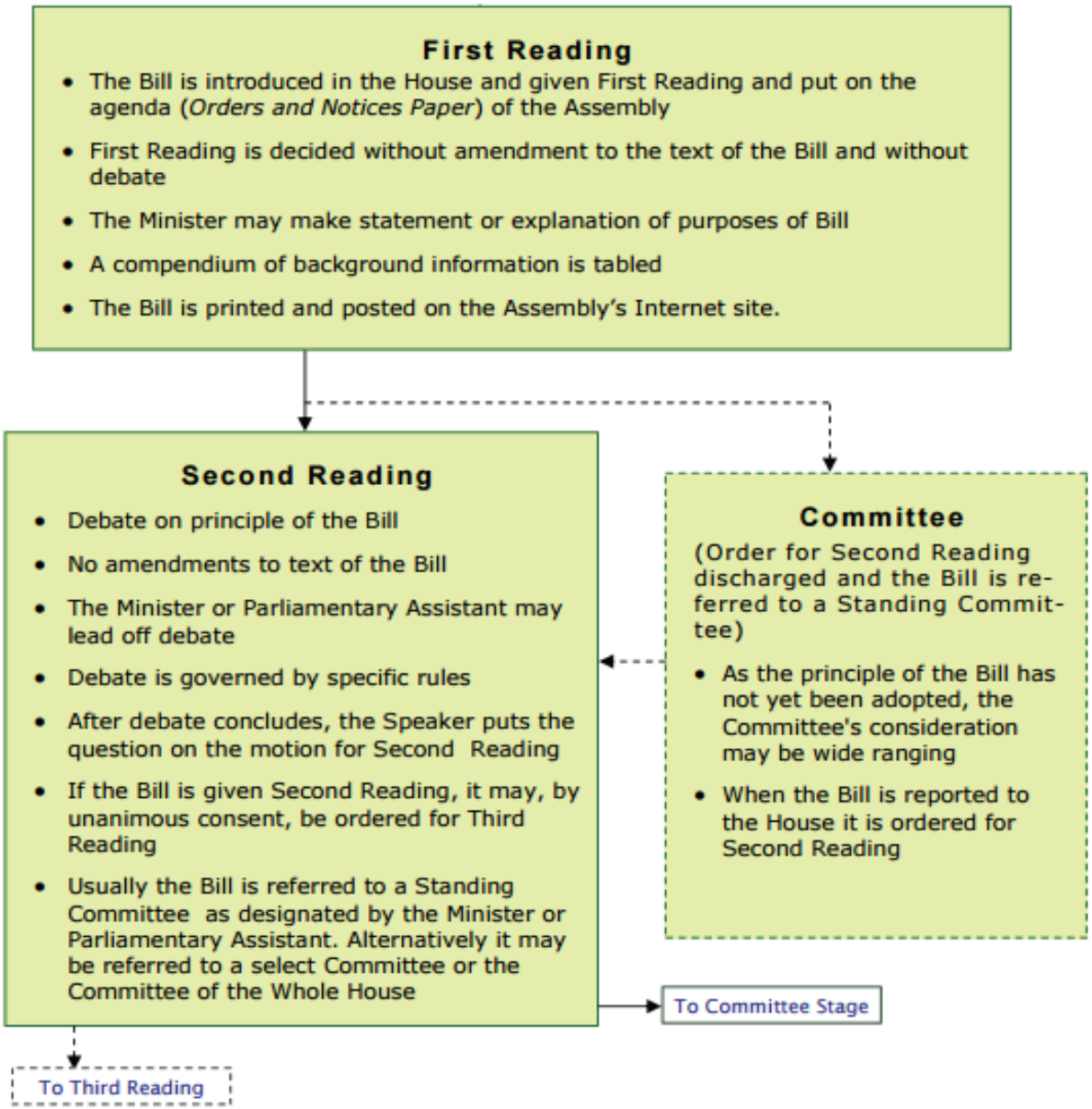
Indigenous Engagement Strategy

- At the release of the *Patients First* proposal, Indigenous partners stressed the need for respectful engagement to address the complex relationships between Indigenous peoples and the health care system that has contributed to poor health outcomes, and to address lack of effective Indigenous engagement when the LHINs were created in 2007.
- The Ministry is proposing distinct processes for First Nations, Métis and Urban Aboriginal partners to ensure effective engagement processes that are respectful. This will take place in parallel to the proposed legislative changes.
    - The Ministry is working on a longer-term collaborative process with First Nations partners to achieve transformative change that respects a government-to-government relationship with First Nations.

Phases of critical activity through to future state

Pre-enactment of Legislation		Post-enactment of Legislation	
Legislation introduced	Legislation Proclaimed	Legislation implemented	Towards a future state

How a bill becomes a law



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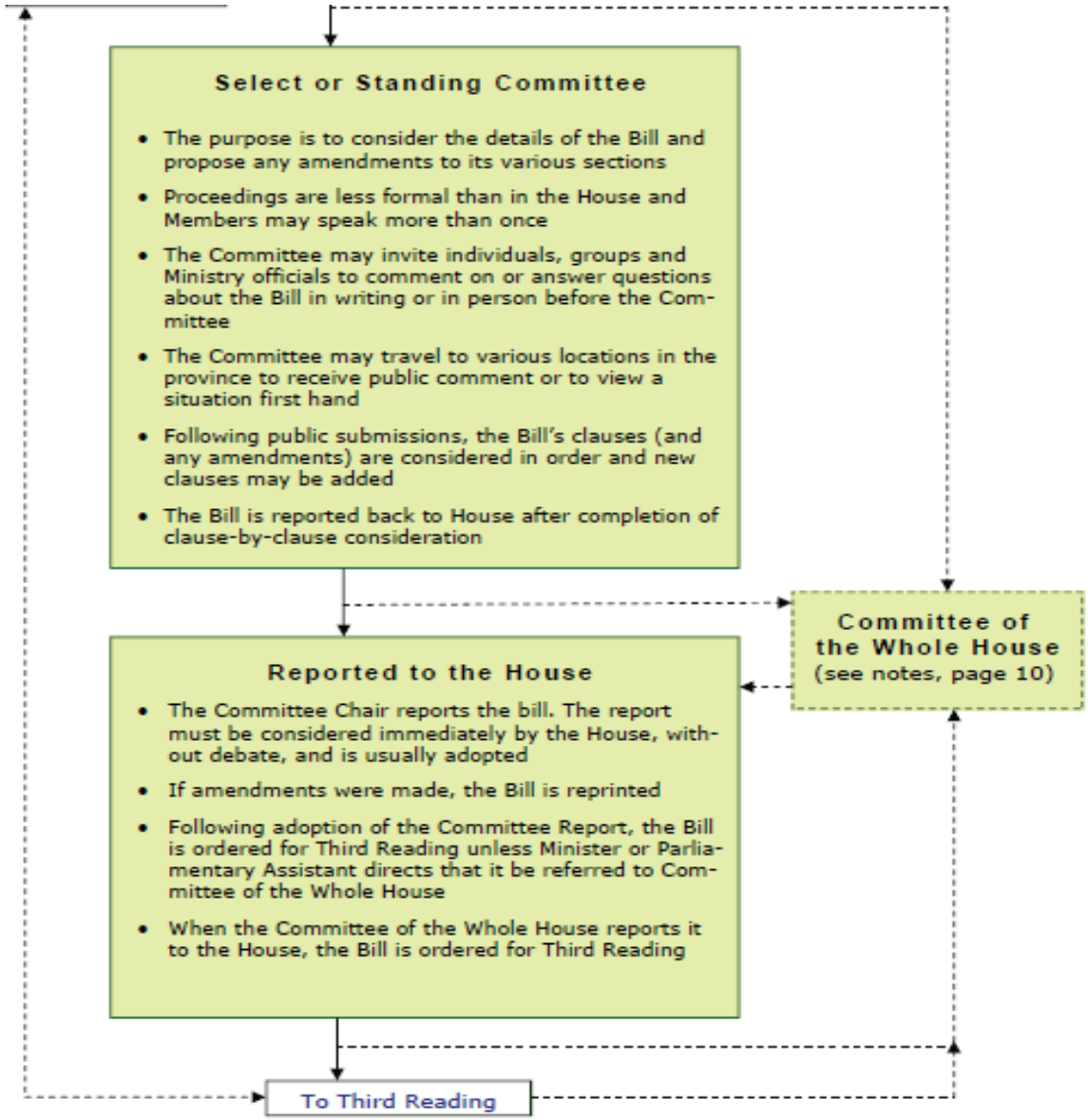

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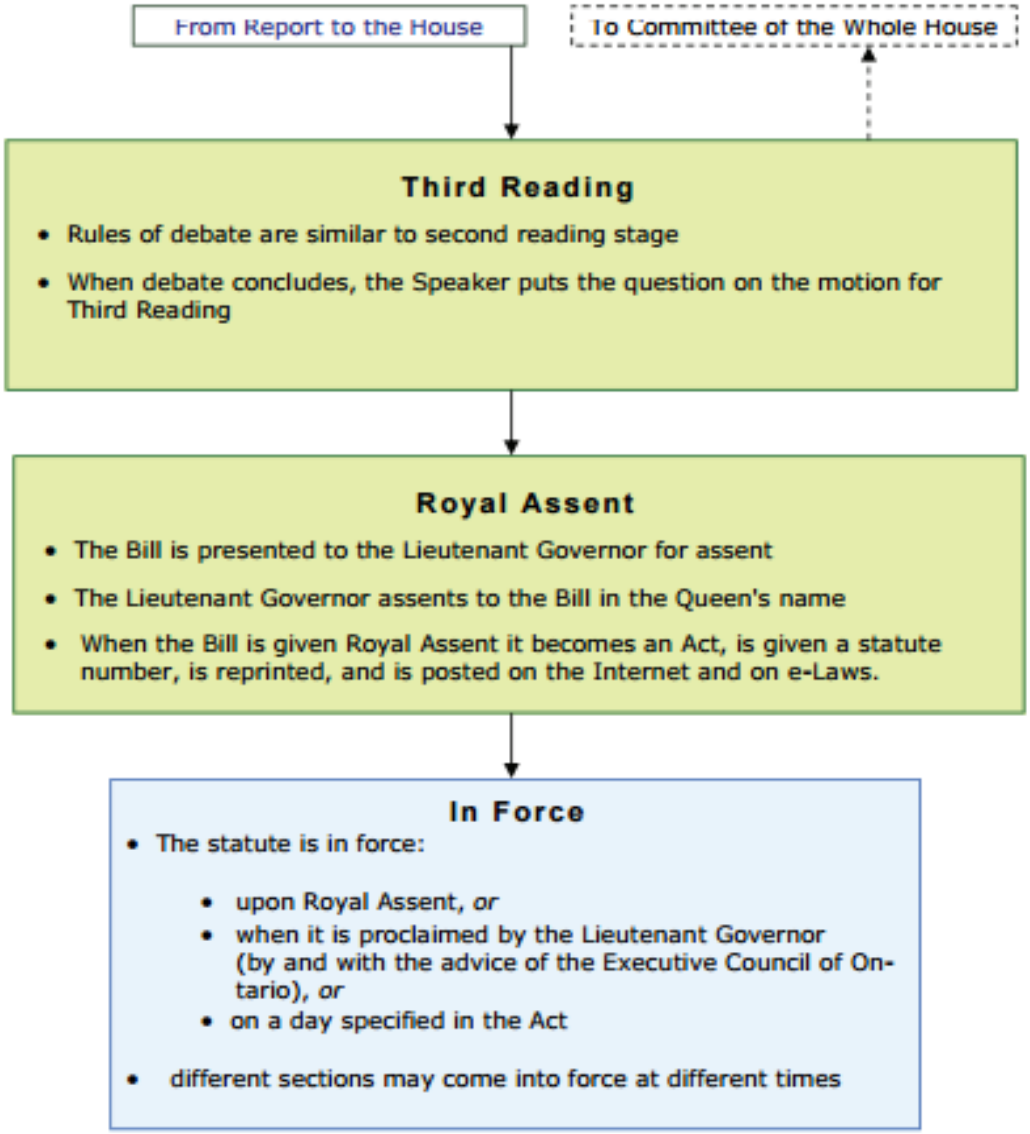
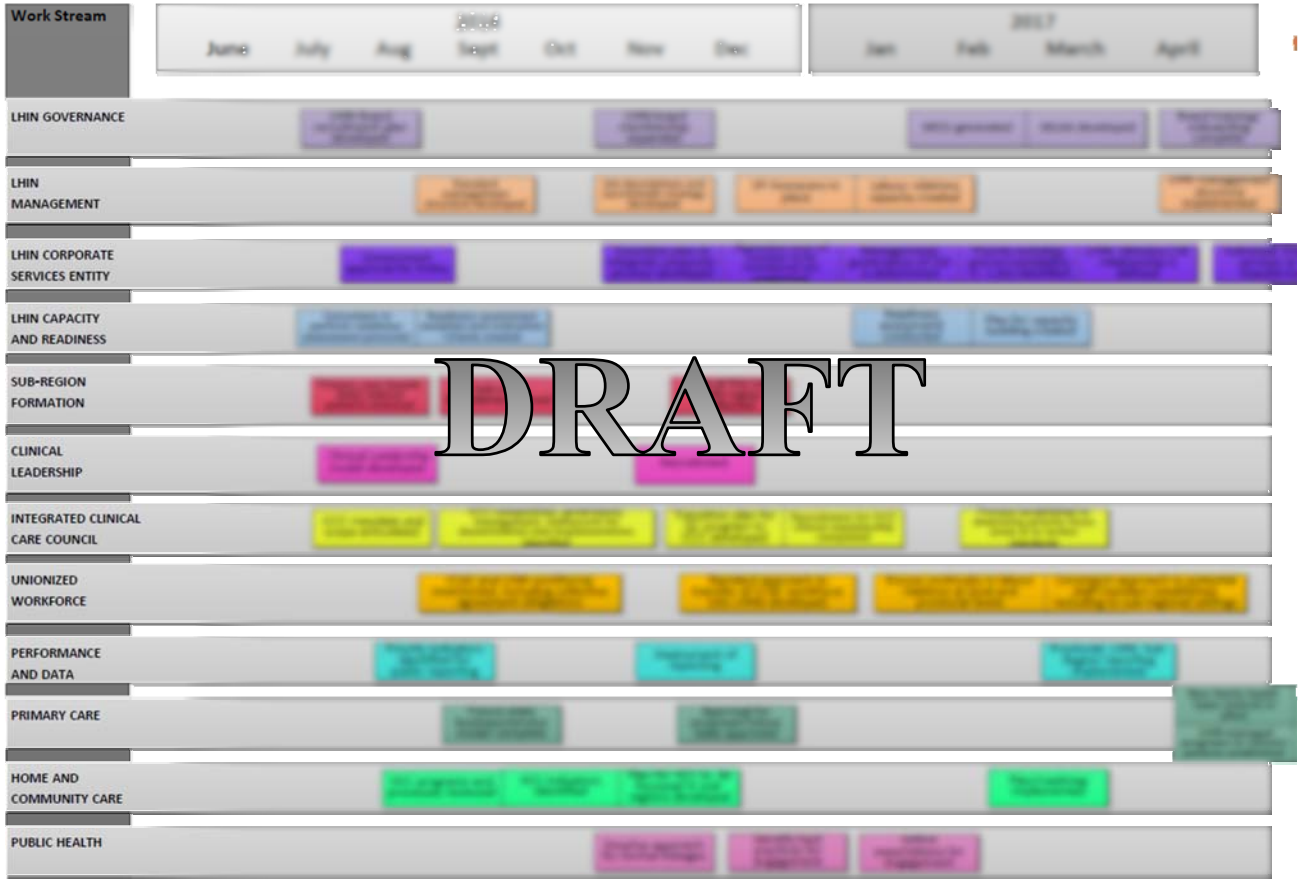


Provincial work streams - Milestones



Provincial work streams – under development

1. LHIN governance

Establish a governance and accountability structure that reflects the expanded mandate of LHINs

2. LHIN management

Establish and implement a common management structure that reflects the expanded LHIN role, including clinical and administrative roles

3. LHIN corporate services entity

Establish a corporate services entity for the purpose of providing shared services support to LHINs to undertake their expanded mandate, and providing support throughout CCAC wind-down

4. LHIN capacity and readiness

Identify critical elements of readiness, conduct readiness assessments, and ensure tools are in place to support LHIN capacity and readiness

5. Sub-region formation (K Gillis participating)

Establish sub-regions within LHINs to serve as the focal point for population-based planning, service alignment and integration, and performance improvement

Provincial work streams – under development

6. Clinical leadership
Develop and implement a clinical leadership model for LHINs, as well as an integrated clinical and administrative leadership model for sub-regions

7. Integrated Clinical Care Council (ICCC)
Establish ICCC at HQO to develop clinical care standards and outcome based performance measures

8. Unionized workforce (CEO support by M. Barrett)
Enable a successful transition from separate LHINs and CCACs to an integrated workforce with continuity in collective agreements, union representation, and patient care. Work with partners to lay foundations for post-transition policy and delivery changes to support patient care

9. Performance and data (M. Brintnell participating)
Develop an integrated performance measurement framework, including an approach to collecting, analyzing, and reporting healthcare performance information to support LHIN Renewal

Provincial work streams – under development

10. Primary care (K. Gillis participating)
Implementation of priority activities to expand the role of LHINs to include primary care planning (including HHR), performance monitoring, enhancing access to primary care

11. Home and community care
Enable LHINs to assume leadership responsibility for home and community care with a focus on sub-regions, and have the capacity to support the ongoing implementation of Patients First: A Roadmap to Strengthen Home and Community Care

12. Public Health (CEO Lead M. Barrett)
Enable the establishment of processes and structures that support successful formal linkages between LHINs and boards of health to leverage population and public health expertise

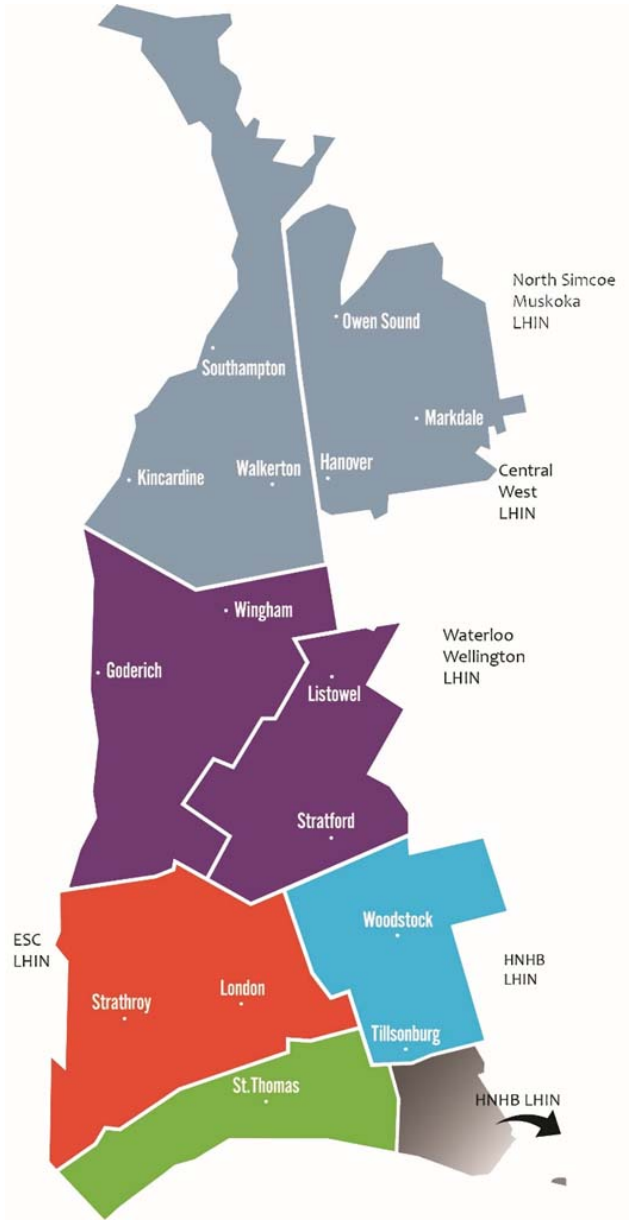
13. French language services

14. Indigenous populations

Early Thoughts

Sub-Region Planning – Early Thoughts

- Strong history of relationships in each sub-region geography
- Focal point for local planning and service delivery is anticipated to be at the sub-region level in alignment with an overall LHIN strategy and approach
- South West LHIN is committed to work with partners and the government to achieve a health care system that meets the needs of patients
- Implementation of LHIN-wide and Provincial guidelines could occur at the sub-region level
- Consultation on Sub-Regions



Sub-Region Planning – Early Thoughts (cont'd)

- There is a need to recognize and plan for the natural flow of patients between our LHIN and bordering LHINs

- Area provider tables could play a role in informing sub-region tables
  - Representatives from all sectors as members
  - Decision making level of organizations present
  - Mechanisms for communication to all local health service providers in place
  - Ensuring patient/family voice included

- The LHIN would use sub-region integration tables to inform decisions and prioritize, however the tables would not have funding responsibilities.

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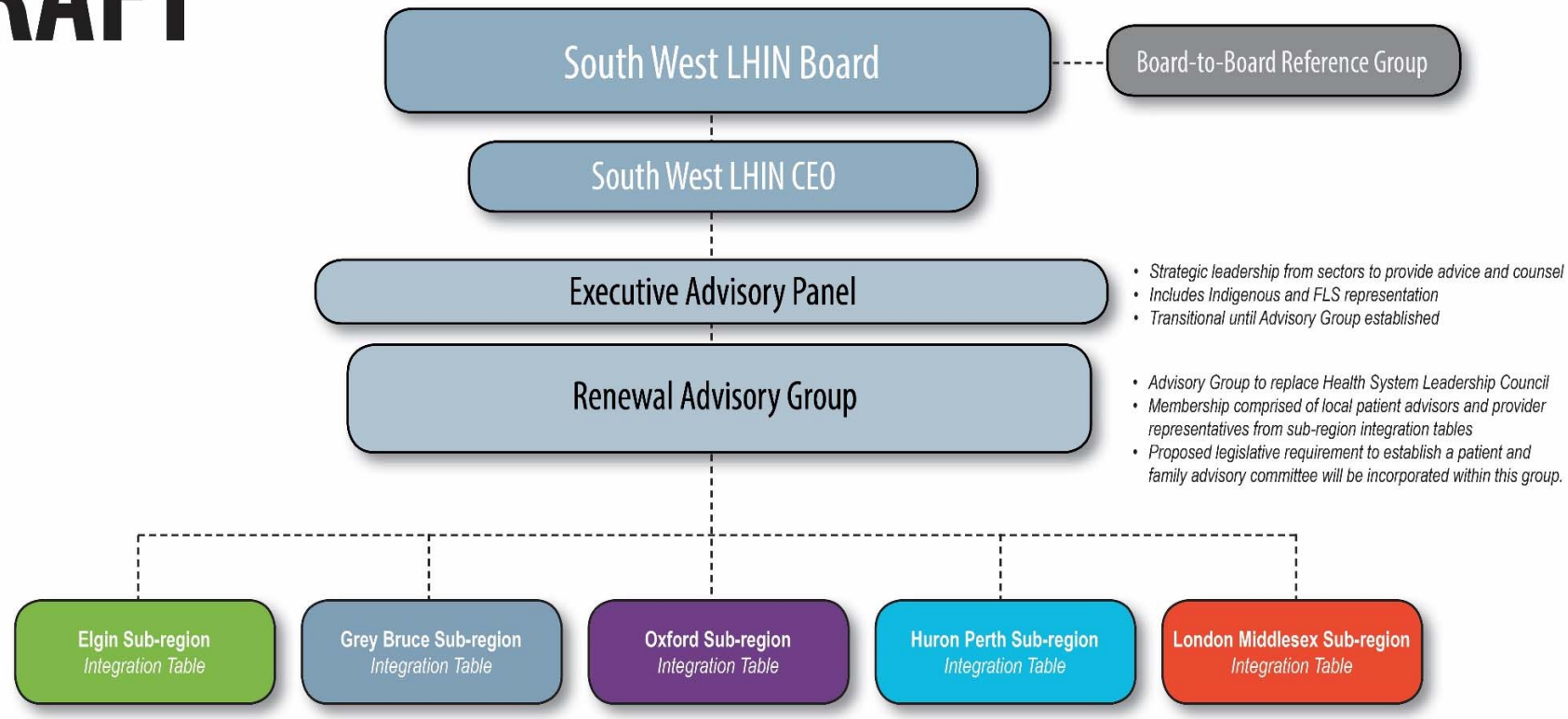
South West Patients First Health System Renewal

Committee Structure



Sub-Region Integration Tables may have members in common with local APT, HL Steering Committees.
Tables will provide local knowledge for Advisory Group and have Board-to-Board opportunities built into their work

Working groups*
(As required. eg. Public Health,Primary Care, CCAC, Community Support Services, Health Links, communications, e-health, shared performance and accountability, experienced-based design)

*Working groups may be established at various levels of the committee structure

Organizational development and change management

- The South West LHIN will revisit the Organizational Development Plan which outlines how we as an organization can achieve a strong, cohesive, outcome driven team.
  - Our Shared Values
  - We are Leaders
  - We are a Team
  - We all have Talent
  - How we are Structured
  - The Strategy that guides us
  - Our System provides tools and resources

- The LHIN will provide change management support through the LHIN-CCAC integration to address emotional change, organizational change and system change

Next steps

- Recognizing consultation to date has been crucial to the development of the proposed *Patients First Act*, the Ministry and LHINs will continue to consult with the health sector – summer consultation sessions being planned
- The legislative process would also provide for opportunities to consult on the proposed legislative amendments
- Legislation is only one part of the ongoing evolution of the Ontario health care system to support the *Patients First: Action Plan for Health Care*
- Internal LHIN commitments include regular staff surveys, monthly updates at staff meeting, and interim written update at the end of the month
- Develop work plan for implementation at both provincial and local level
- Develop communications and stakeholder engagement plan
- Legislature resumes on September 12, 2016

QUESTION &
ANSWER