

BILL 210, PATIENTS FIRST ACT



Networking & Information Session

Port Elgin, Ontario

June 21, 2016

Objectives

1. Provide background on Local Health Integration Networks
2. Describe need for continued improvement in the health care system
3. Describe changes in the proposed *Patients First Act*
4. Listen to you – Answer your questions

Agenda

- 6 p.m.** **Welcome & Introduction**
Jeff Low, Board Chair, South West LHIN
- 6:10 p.m.** **Presentation: Bill 210, Patients First Act**
Michael Barrett, CEO, South West LHIN
- 6:30 p.m.** **Questions from Large Group**
- 6:45 p.m.** **Discussion session, Opening Remarks**
Jeff Low, Board Chair, South West LHIN
- 6:45 p.m.** **Table Discussions**
- 7:30 p.m.** **Report back to group**
- 7:45 p.m.** **Closing comments**
- 8:00 p.m.** **Adjournment**

The role of LHINs

Local Health Integration Networks (LHINs) are crown agencies responsible for the planning, integration and funding of health service providers including hospitals, long-term care homes, mental health and addictions agencies, community support services, community health centres, and Community Care Access Centre.

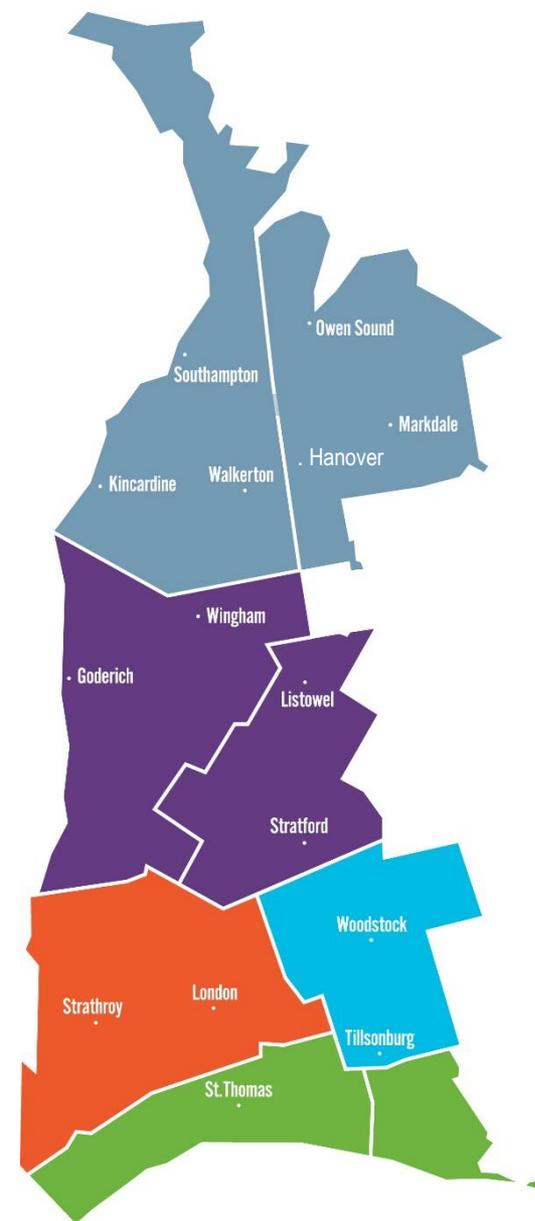
Local Health Integration Networks (LHINs)

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



South West LHIN Overview

- One of the largest LHINs – almost 22,000 km²
- 924,000 people (7.5% of Ontario's population)
- Significant rural population with many small communities
- Large urban population within City of London
- Large proportion of seniors
- Small proportion of immigrants
- 5 First Nations communities
- French Language Services designation



Overview - LHINs

What's in?

- Hospitals
- Community Care Access Centre
- Community Support Service Agencies
- Mental Health and Addictions Agencies
- Community Health Centres
- Long-Term Care Homes

What's out?

- Physicians & Clinics
- Ambulance Services (emergency and non-emergency)
- Laboratories
- Provincial drug programs
- Public Health Units

Health Service Providers in the South West LHIN

- 19 public hospitals (33 sites) and 1 private hospital
- 1 Community Care Access Centre
- 53 Community Support Services Agencies
- 30 Mental Health and Addiction Agencies
- 5 Community Health Centres
- 78 Long Term Care Homes

Other providers

- Over 600 actively practicing family physicians
- 19 Family Health Teams
- 7 Public Health units

South West LHIN Board of Directors

- Governed by a 9-member Board of Directors
Appointments made by the Order in Council (OIC)
- Public Board meetings are held across the South West LHIN
- The South West LHIN has recruited for Board Directors whose terms expire over the next year.

Jeff Low, Chair (**London**)

Andrew Chunilall (**London**)

Ron Lipsett (**Annan**)

Wilf Riecker (**Port Stanley**)

Leslie Showers (**St. Marys**)

Lori Van Opstal, Vice Chair (**Tillsonburg**)

Aniko Varpalotai (**Southwold**)

Barbara West-Bartley (**Wiaraton**)

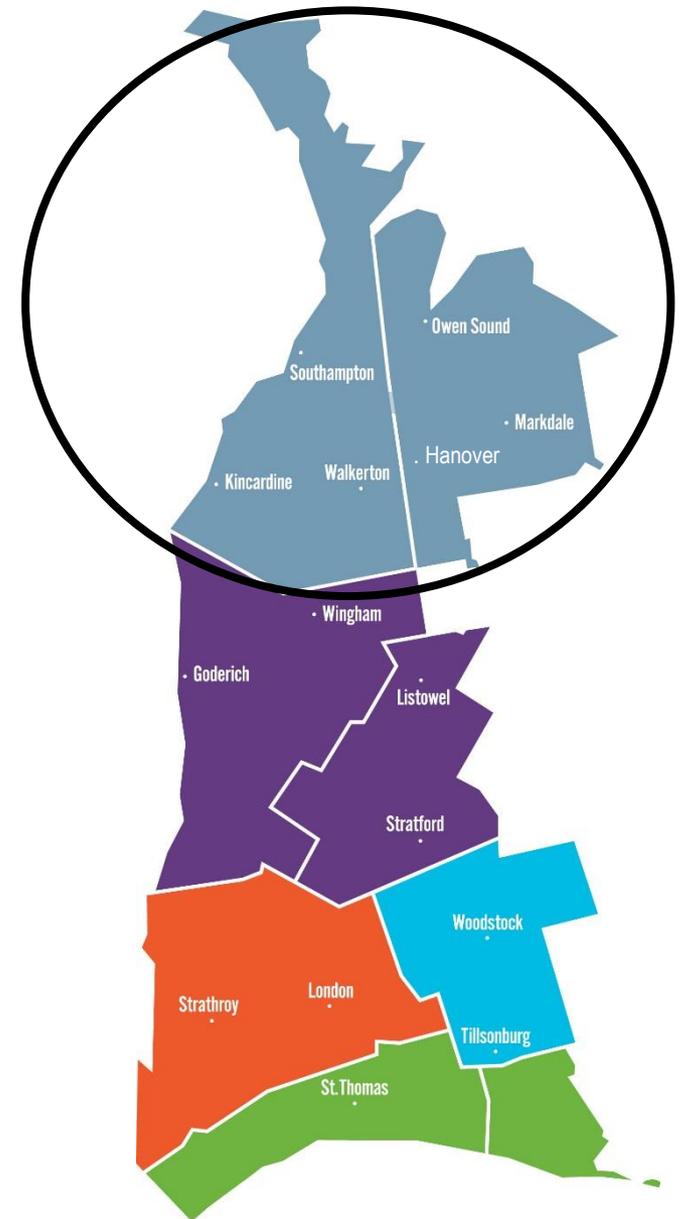
One vacancy

Staff complement of 49

Grey Bruce

- 3 Hospitals
 - Grey Bruce Health Services
 - Lion's Head
 - Markdale
 - Meaford
 - Owen Sound
 - Southampton
 - Wiarton
 - Hanover and District Hospital
 - South Bruce Grey Health Centre
 - Chesley
 - Durham
 - Kincardine
 - Walkerton
- 1 Community Health Centre
- 8 Community support services
- 19 Long Term Care Homes
- 5 Mental health and addictions programs
- 1 CCAC (for whole LHIN)

- 1 Public Health Unit
- 105 active family physicians
- 6 Family Health Teams



Patients First Act

We have seen
improvements in
many areas, but there
is more to do ...



ACHIEVEMENTS OF ONTARIO'S HEALTH SYSTEM

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



Inter-professional models of family health care serve nearly 4 million patients.



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



Emergency room wait times have improved despite substantial increases in volumes.



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

THE NEED FOR CONTINUED IMPROVEMENT

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 hard to navigate, and many family caregivers are experiencing high levels of stress.

4

Public health services are sometimes disconnected from the rest of the health care system.

PATIENTS FIRST

A PROPOSAL TO STRENGTHEN
PATIENT-CENTRED HEALTH CARE
IN ONTARIO

DISCUSSION PAPER
December 17, 2015



February 2016 Patients First Engagement Sessions

- The LHIN travelled to each proposed sub-region to hear from the public – including sessions in London Middlesex (London), Elgin (St. Thomas), Huron Perth (Stratford), Oxford (Woodstock) and Grey Bruce (Owen Sound).
- Total participation was 163 people and 17 online submissions.
- Evaluation feedback (67% response rate)
 - 86% learned something new
 - 93% felt they had an opportunity to ask questions and discuss important issues.
 - 93% felt their time was well spent
- All sectors were represented with broad attendance from the public, health service providers, governance, volunteers, elected officials and media.

PATIENTS FIRST

REPORTING BACK ON THE PROPOSAL
TO STRENGTHEN PATIENT-CENTRED
HEALTH CARE IN ONTARIO

JUNE 2016



Effective integration of services and greater equity through sub-regions

If the bill is passed:

- LHIN boards would better reflect the local community and provide the right expertise to support LHINs' expanded responsibilities
- Enhanced oversight of LHINs
- LHIN oversight expanded to other health service providers
- LHINs will have additional responsibility for equity and service delivery
- An HQO committee could develop recommendations on clinical care standards and make recommendations to the minister
- Greater efficiency in all LHINs through shared services
- Stronger Indigenous voices and better able to respond to linguistic needs in planning and services.

What the LHINs will do:

- Establish sub-regions
- Create a standard LHIN organizational structure
- Expand existing technology infrastructures
- Measure success through a sub-region dashboard and public reporting

Timely access to, and better integration of, primary care

If the bill is passed:

- Some primary care models will be added as health service providers (such as Family Health Teams) where LHINs will monitor primary care performance
- Each LHIN will need to have at least one Patient and Family Advisory Committee
- LHINs will have additional responsibility for health system planning of physician resources, though physicians would continue to be funded through the ministry.

What the LHINs will do:

- Establish new integrated and primary care leads responsible for:
 - improving access to primary care
 - establishing sub-regional priorities and areas for improvement
 - facilitating local discussions to improve the patient experience
 - supporting the implementation of clinical care standards
- Improve reporting and information sharing
- Embed the voices of patients and caregivers in health care planning.

More consistent and accessible home and community care

If the bill is passed:

- Enable the transfer of assets, employees and service provider contracts from CCACs to LHINs
- Enable LHINs to provide the home and community care services currently provided by CCACs
- Ensure the continuity of home and community care models and service provider contracts through the proposed transition.

What the LHINs will do:

- Continue to implement Patients First: A Roadmap to Strengthen Home and Community Care under LHIN leadership, including the development of a levels of care framework that aims to ensure clients with similar needs receive similar levels of service
- Modernize contract service delivery over time
- Ensure that care provided at home and in the community, through sub-regions, is better integrated, including services provided by community support services and mental health and addictions.

Stronger links to population and public health

If the bill is passed:

- Formal links will be established between Boards of Health and LHINs
- Public health expertise will better inform health system planning and decision making.

What the LHINs will do:

- Maintain current mechanisms and processes for funding public health, and for negotiating accountability agreements with Boards of Health
- Establish an expert panel on public health and integration to advise on:
Integrating population and public health into the health system
- Deepen partnerships and engagement between LHINs and local Boards of Health
- Improve public health capacity and delivery

Services that address needs of Indigenous People across Ontario

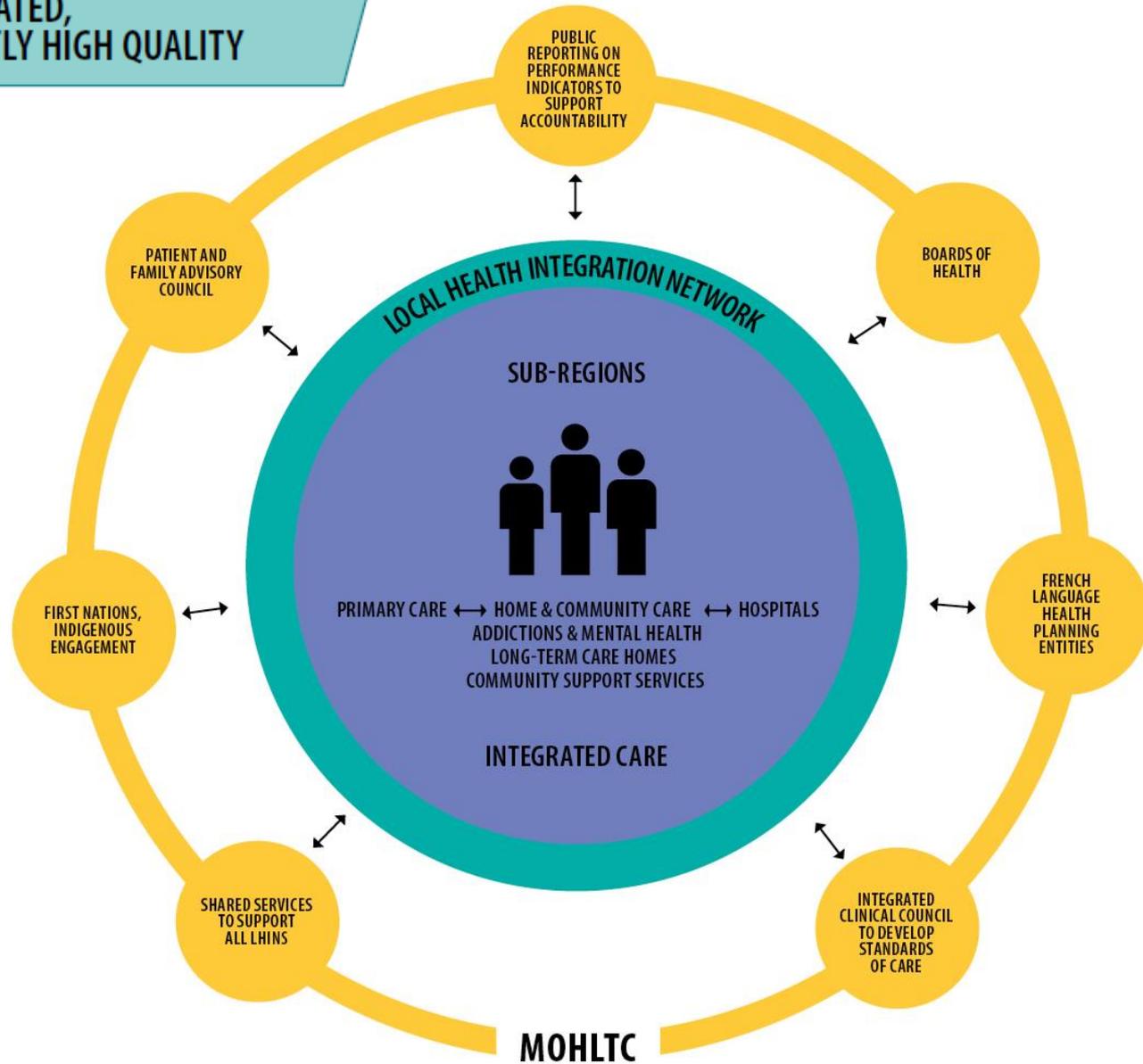
If the bill is passed:

- Aboriginal Health Access Centres will be health service providers funded by LHINs
- Dialogue will continue on how to strengthen Indigenous voices in system planning and services delivery by working with:
 - First Nations partners, including the Political Confederacy and Chiefs Committee on Health
 - Urban Aboriginal Health Table partners including Métis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres and Ontario Native Women's Association
 - Indigenous health system partners

What the LHINs will do:

- Continue working with First Nations, Métis, Inuit and urban Indigenous partners in system planning and services, in particular equitable access to services that meet their unique needs
- Meaningfully engage Indigenous partners
- Work with partners to ensure what is proposed does not negatively affect an Indigenous person's access to care

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





**QUESTION &
ANSWER**



DISCUSSION

Jeff Low, South West LHIN
Board Chair

Discussion Questions

The LHIN aims to improve population health, experience of care and value for money. We need collaboration from everyone to help us meet this goal.

- What opportunities can you see for the health care system?
- What are the challenges?
- If you are part of a health service provider, how is your organization preparing for these changes to our system?
- If you are member of the public, what advice would provide to health service providers to prepare for these changes?

For more information please visit
southwestlin.on.ca/patientsfirst

