PATIENTS FIRST: A Proposal To Strengthen Patient-Centred Health Care In Ontario

Mississauga Halton LHIN Governance to Governance (G2G) Session
January 27, 2016

Please enjoy something to eat and introduce yourselves to others seated at your table. The session will begin at 6 p.m.

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Agenda

Agenda Item and Lead	Purpose	Time
Welcome and Opening Remarks Graeme Goebelle - Chair, Mississauga Halton LHIN	Welcome	6:00 p.m.
Community Governance Consultation Group Update Shelagh Maloney and David Lukey - Co-Chairs, CGCG	Information	6:05 p.m.
Mississauga Halton LHIN Update – CEO Report Bill MacLeod - CEO, Mississauga Halton LHIN	Questions and Answer Session	6:15 p.m.
PATIENTS FIRST – A Proposal To Strengthen Patient-Centred Health Care In Ontario Bill MacLeod – CEO Mississauga Halton LHIN Nancy Naylor – Associate Deputy Minister MOHLTC • Speaks to the Discussion Paper (10min) • Audience Q&A (20 min)	Introduction of Nancy Naylor	6:25p.m.
BREAK – 10 minutes		6:55 p.m.
Facilitated Discussions		7:05 p.m.
Closing Remarks Graeme Goebelle - Chair, Mississauga Halton LHIN	Adjournment	7:55 p.m.

Welcome and Opening Remarks

Graeme Goebelle
Chair, Board of Directors
Mississauga Halton LHIN

Mississauga Halton LHIN Community Governance Consultation Group (CGCG) Update

Shelagh Maloney
Co-Chair CGCG
Mississauga Halton LHIN Board Member

David Lukey
Co-Chair CGCG
Canadian Red Cross

HSP Boards and Executive Directors Survey Results

Top 3 Governance Concerns (themes)

1. Financial Sustainability and Funding including funding for expansion of service

2. Recruitment and Succession Planning – Board and E.D.

3. Governance Training and Best Practices

CGCG Next Steps

- Established a working group focused on developing proposals for governance training
- CGCG to develop workplan to address the other 2 governance concerns.

Questions

- Do these priorities resonate with you?
- Do you have a governance question?
- Would you like to join the CGCG?
- Contact us at governancegroup@lhins.on.ca
- On-line governance library: LHIN website
- Any questions?

Mississauga Halton LHIN Update

Bill MacLeod
Chief Executive Officer
Mississauga Halton LHIN

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

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January 27, 2016

Nancy Naylor
Associate DM, Delivery and Implementation

Ontario

Today's Objectives

1. Provide an overview of the MOHLTC's proposal to strengthen patient-centred care.

2. Gather your feedback and input on the proposal.

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.

- These meaningful accomplishments are the result of planning, hard work and a continued focus on quality by staff in hospitals, offices, clinics, home and community care, Local Health Integration Networks (LHINs), Community Care Access Centres (CCACs), long-term care and other service providers.

- CCACs have played a significant role in the achievements this province has seen in home and community care. In the ministry's proposal, the essential work of CCAC employees would continue.

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 – particularly Indigenous peoples, Franco-Ontarians, members of diverse and cultural groups (especially newcomers), and people with mental health and addiction challenges – 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, and many family caregivers are experiencing high levels of stress.
4. Public health services are disconnected from the rest of the health care system, and population health is not a consistent part of health system planning.
5. Health services are fragmented in the way they are planned and delivered. This fragmentation can affect the patient experience and can result in poor health outcomes.

The Ministry's proposal for health system transformation has four components

Effective Integration of Services and Greater Equity

- Make LHINs responsible for all health service planning and performance.
- Identify sub-LHIN regions as the focal point for integrated service planning and delivery (note that these regions would not be an additional layer of bureaucracy).

Timely Access to, and Better Integration of, Primary Care

- 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

- Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs.

Stronger Links to Population & Public Health

- Linkages between LHINs and public health units would be formalized.

1. More Effective Integration of Services and 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 inclusive of the voices of Indigenous peoples, Franco-Ontarians, newcomers, and people with mental health and addictions issues in order to better address their health outcomes.

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 and to achieve our objectives for improved service quality, coordination and accountability.
- LHIN boards would have responsibility for the delivery of home and community care.
- 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 integrate population health and health system planning and delivery.
- LHINs and public health units would formalize the alignment of their work and planning to ensure that population and public heath priorities inform planning, funding and delivery.
- The ministry plans to modernize the Ontario Public Health Standards and Organizational Standards.
- 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

Questions and Answers

Nancy Naylor
Associate Deputy Minister – Delivery and Implementation
Ministry of Health and Long-Term Care

Health Break

10 minutes

Facilitated Discussions

Angela Jacobs
Director Governance, Quality & Communications
Mississauga Halton LHIN

Instructions

- Numerous questions put forward for discussion
- 16 Tables grouped in 4 “sections”
- Each “section” of 4 tables will have the same question to discuss, other groups will have different questions…with a few exceptions near the last discussion!
- Plan to get through a total of 15 questions tonight

Instructions (cont'd)

- Select a scribe – feel free to rotate your scribe after each discussion
- Questions are on your table labelled Round 1, 2, 3 or 4
- Please go in order – discuss and fill in the sheet with your feedback
- Nancy Naylor and Bill MacLeod will circulate between tables
- You will have approximately 15 minutes per question.

Have More Feedback?

- If you would like to provide feedback on this proposal, the ministry is receiving feedback directly through:

health.feedback@ontario.ca

- You can also visit the Mississauga Halton LHIN and complete a survey designed for health service providers:

http://www.mississaugahaltonlhin.on.ca/communityengagement/currentengagements/patientsfirstproposal

Thank you for your attention!

Questions?

Closing Remarks

Graeme Goebelle
Chair, Board of Directors
Mississauga Halton LHIN

Thank you for attending!

You can find a copy of this presentation at:
www.mississaugahaltonlhin.on.ca
Board and Governance
Governance to Governance

Appendix A – Key Terms Defined

Home and Community Care

- Health care services for people of all ages - seniors, frail elderly, persons with physical disabilities and chronic diseases, children and others - who require ongoing health and personal care to live safely and independently in the community.
- The Ministry of Health and Long-term Care (MOHLTC) funds Local Health Integration Networks (LHINs) to provide health services. LHINs fund home and community services.

Local Health Integration Networks (LHINs)

- 14 not-for-profit corporations that plan, integrate and fund local health care. LHINs work with local health providers and community members to determine the health service priorities of our regions.

Community Care Access Centres (CCACs)

- Provide access to home and community care.
- Make arrangements for the provision of home care services to people in their homes, schools and communities.
- Care Coordinators, working in CCACs, assess an individual's needs, determine eligibility for service, develop a plan of service and arrange for the appropriate home care services.
- All 14 CCACs are accountable to the 14 LHINs for funding as health service providers.

Community Support Services (CSS)

- Funded by LHINs to provide 19 different services (meal services, transportation services, caregiver support services, adult day programs etc.).

Appendix A – Key Terms Defined (Cont'd)

Primary Care

- Health care given by a health care provider. Typically this provider acts as the principal point of consultation for patients and coordinates other specialists that the patient may need.

Family Health Teams (FHTs)

- Primary health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who work together to provide primary health care for their community.

Community Health Centres (CHCs)

- Non-profit organizations that provide primary health and health promotion programs for individuals, families and communities. A health centre is established and governed by a community-elected board of directors.

Aboriginal Health Access Centres (AHACs)

- Aboriginal community-led, primary health care organizations.

Appendix A – Key Terms Defined (Cont'd)

Public Health

- The primary focus of public health is the health and well-being of the whole population through the promotion and protection of health and the prevention of illness.

Public Health Unit (PHU)

- Each of the 36 public health units is governed by a board of health and is administered by a medical officer of health. Boards of health are established under the Health Protection and Promotion Act.

Ontario Public Health Standards (OPHS)

- The OPHS are the minimum level of public health programs and services that boards of health must deliver in their respective communities. The OPHS state the responsibilities of Ontario's boards of health to assess, plan, deliver, manage and evaluate mandatory public health programs and services to meet the needs of their local communities.