

Attachment 2



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Health Results Team

LHIN BULLETINS

No.1 October 6, 2004

LHIN Regional Maps

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Local Health Integration Networks: Building a True System

To allow more time for responding to the questions posed in this first Bulletin on Local Health Integration Networks, the Ministry is pleased to announce an extension to the deadline for receiving your submissions to October 24th.

The Ontario Ministry of Health and Long-Term Care's Health Results Team is proud to provide you with the first of a series of reports about our health transformation initiatives. We will use various methods to communicate with and seek feedback from health care providers and groups about our plans and activities.

This first bulletin is intended to inform healthcare providers and Ontario citizens about the government's plans to better integrate and coordinate health services at the local level. It will inform you about how we are bringing together the planning and delivery of health care services within set geographic boundaries. We call the new system Local Health Integration Networks (LHINs).

The LHIN Vision

The Ministry of Health and Long-Term Care is committed to working with our province's dedicated healthcare professionals to improve the healthcare system because Ontarians deserve the best healthcare.

This is part of our goal of transforming the healthcare system to make it more patient-centred and responsive to local needs.

LHINs are a "Made-in-Ontario" solution that engages communities in health system transformation by enhancing and supporting local capacity to plan, coordinate, integrate, and fund the delivery of health services at the community level.

LHINs are an important part of the evolution of health care from a collection of services to a true health care system.

Unlike the integrated models in place in other provinces of Canada, LHINs will not be providers of clinical services, but will coordinate service delivery. Existing provider organizations will continue to be relied upon to deliver services.

Principles

The principles guiding the LHINs' mandate and responsibilities reflect a vision for medicare reform that ensures :

- Equitable access based on patient need
- Preserves patients' choice
- Measurable, results-driven outcomes based on strategic policy formulation,

- business planning and information management
- People-centred, community-focused care that responds to local population health needs
- Shared accountability between providers, government, community and citizens

Why LHINs?

We need to make better use of - at the local level - the strengths and advantages of Ontario's vast healthcare community. Despite many successful individual efforts at integration, healthcare providers still operate in an extremely complex environment, dominated by sector-specific silos. Consider that Ontario's healthcare system is comprised of :

- 155 hospitals
- 581 long-term care facilities
- 42 Community Care Access Centres
- 37 local Boards of Public Health
- 55 Community Health Centres
- 70 community and public health labs
- 600 Community Support Service Agencies
- 353 mental health agencies
- 150 addictions agencies
- 5 Health Intelligence Units
- 16 District Health Councils
- 7 Regional Ministry offices

Today, the individual Ontarian must navigate a system that has numerous unaligned programs and services, as well as conflicting and overlapping boundaries. A common set of boundaries across the system will facilitate the proper integration of healthcare services and will ease the movement of people across the continuum of care so that they get the best care, in the most appropriate setting, when they need it. Local Health Integration Networks provide both the vision and the enabling structure to achieve these goals.

Local Health Integration Networks (LHINs) will be 14 community-based organizations with a unique mandate to plan, coordinate, integrate, manage, and fund care at the local level within their defined geographic areas.

Mapping the 14 LHINs

The 14 LHIN geographic boundaries were created to reflect local areas where people naturally seek health care.

These were determined by using evidence-based methodology in collaboration with the [Institute for Clinical Evaluative Sciences \(ICES\)](#).

The boundaries are permeable for patient care. People will continue to be able to choose their health care provider as they do today.

All 14 LHINs contain at least one high volume hospital.

[See LHIN regional maps.](#)

Methodology

Working with ICES, the Ministry used the following methodology to determine the Local Health Integration Network boundaries :

Step 1 :

Establishing Hospital Service Areas (HSAs) :

- ICES used the postal codes from patient hospital discharge abstracts to locate a patient's home location, comparing this to the location of the hospital where the services were received.
- Patient locations were mapped to Statistics Canada's Census Dissemination Areas (DAs) as the basis for the patient origin.
- Each DA was then assigned to the one hospital where most of the hospital admissions were made and groupings were built up to form Hospital Service Areas (HSAs).

Step 2 :

Once HSAs were determined, they were grouped further into larger Hospital Referral Regions (HRRs) following a similar methodology :

- Admissions to the top 50 high volume (HV) hospitals in Ontario were used to determine regional travel patterns.
- The HRR boundaries form the basis of the Local Health Integration Networks (LHINs).
- The Ministry considered various options for the number of LHINs from a system management perspective.
- The decision to have 14 LHINs was made based on the experiences of other jurisdictions in Canada for the effective management of the healthcare system.

Step 3 :

The appropriateness of the "fit" for each area was tested by calculating a "Localization Index" :

- The Localization Index is a measure that shows what percentage of the population receive health services locally.
- For the LHIN areas, the Localization Index ranges between 57.8% and 97.2% indicating a good match between these new areas and where people receive their health care.

[Hospital and Localization Index Data Chart](#) [PDF]

Governance and Accountability

LHINs will be organizations governed by an appointed Board of Directors and bound by performance agreements with the Ministry. The Boards will be appointed by an Order-in-Council. Board members will be selected using a merit-based process, with all candidates assessed for fit between skills and abilities of the prospective appointee and the needs of each individual LHIN. The appointment process will be transparent and consistent - with clear and understandable guidelines applied consistently to all Board appointments.

Board members will be expected to possess relevant expertise, experience, leadership skills, and have an understanding of local health issues, needs and priorities.

It's Your Turn

Changing healthcare in Ontario to place people front and centre requires leadership and teamwork from all of us. That's why we want your involvement and input. For our part, we commit to keeping you informed of further developments, acknowledging your concerns and issues, and providing you with feedback. We have created a transformation website to keep you informed and to receive your views and input and will be using online methods to communicate with you.

At this stage, we encourage you to assist us in the planning work for LHINs that is

currently underway. Look for LHIN Bulletin #2 in two weeks, which will contain the outline of an engagement process for LHIN health care providers to develop a plan for delivery of service in their geographic area.

In the meantime, we'd like to stimulate discussion by seeking your feedback on the following questions :

1. What examples of healthcare integration already exist in your LHIN area?
2. What are the critical factors for the successful implementation of the LHIN in your area?
3. What role can you and your organization play in collaboration with the Ministry as the LHIN planning work continues in your area?

Please [send us your comments](#) on these questions by **Sunday, October 24th**. The responses will be a starting point for the ongoing engagement process that will be outlined in the next bulletin. We will also report back on your feedback in a future bulletin.

Thank you for working with us on this important initiative. We look forward to hearing your suggestions for how we can create a better-integrated and patient-centred healthcare system together.

LHIN Bulletins and maps are provided in PDF format. To view PDF format files, you need to have Adobe Acrobat® Reader installed on your computer.



You can download this free software from the [Adobe Web site](#).

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Hours of operation : 8:30am - 5:00pm
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