

PATIENTS

FIRST

A PROPOSAL TO STRENGTHEN
PATIENT-CENTRED HEALTH CARE
IN ONTARIO

DISCUSSION PAPER
December 17, 2015

PATIENTS FIRST

Message from the Minister of Health and Long-Term Care

Over the past decade, Ontario's health care system has improved significantly. Together, we have reduced wait times for surgery, increased the number of Ontarians who have a primary health care provider and expanded services for Ontarians at home and in their communities. There are, however, a number of areas where we need to do more.

Too often, health care services can be fragmented, uncoordinated and unevenly distributed across the province. For patients, that means they may have difficulty navigating the system or that not all Ontarians have equitable access to services. Too often our system is not delivering the right kind of care to patients who need it most.

The next phase of our plan to put patients first is to address structural issues that create inequities. We propose to truly integrate the health care system so that it provides the care patients need no matter where they live. Our proposal is focused on population health and integration at the local level. It would improve access to primary care, standardize and strengthen home and community care, and strengthen population and public health. It would also ensure that services are distributed equitably across the province and are appropriate for patients.

With this paper, we are seeking your input on our proposal, and your advice about how to integrate other improvements including, for example, community mental health and addictions services. Through this engagement process, we want to hear from providers, patients and caregivers around the province, in cities and rural communities, in our diverse cultural communities and in our French-language communities. We want to engage with First Nations, Métis and Inuit partners about how this process can complement our ongoing work to strengthen health outcomes in Indigenous communities.

As Ontario's Minister of Health and Long-Term Care, I am excited that we have the opportunity to work together to continue developing one of the best health care systems in the world—a system that truly puts patients first. I hope you will join us, and contribute your expertise. We can't succeed without it.



A handwritten signature in black ink that reads "Eric Hoskins". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Eric Hoskins
Minister of Health and Long-Term Care

EXECUTIVE SUMMARY

PUTTING PATIENTS FIRST

Ontario is committed to developing a health care system that puts patients first. Over the past 10 years, the province has improved access to primary care, provided more care for people at home, reduced hospital wait times, invested in health promotion programs, and taken steps to make the system more transparent and more accountable. But there are still gaps in care.

GAPS IN CARE

Ontarians, including patients, care providers and system experts have identified challenges in our health care system.

- Some Ontarians – particularly Indigenous peoples, Franco-Ontarians, members of cultural groups (especially newcomers), and people with mental health and addiction challenges – are not always well-served by the health care system.
- Although most Ontarians now have a primary care provider, many report having difficulty seeing their provider when they need to, especially in evenings, nights or weekends — so they go to emergency departments and walk-in clinics instead.
- Some families find home and community care services inconsistent and hard to navigate, and many family caregivers are experiencing high levels of stress.
- 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.
- Health services are fragmented in the way they are planned and delivered. This fragmentation can affect the patient experience. It can also result in inefficient use of patient and provider time and resources, and can result in poor health outcomes.

Many of these challenges arise from the disparate way different health services are planned and managed. While local hospital, long-term care, community services, and mental health and addiction services are all planned by the province's 14 Local Health Integration Networks (LHINs), primary care, home and community care services and public health services are planned by separate entities in different ways. Because of these different structures, the LHINs are not able to align and integrate all health services in their communities.

A PROPOSAL TO STRENGTHEN PATIENT-CENTRED CARE

To reduce gaps and strengthen patient-centred care, the Ministry of Health and Long-Term Care is proposing to expand the role of the Local Health Integration Networks. In *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, the ministry provides more detail about the four components:

1. More effective integration of services and greater equity.

To make care more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.

Identify smaller sub-regions as part of each LHIN to be the focal point for local planning and service management and delivery.

In their expanded role, LHINs would be responsible for working with providers across the care continuum to improve access to high-quality and consistent care, and to make the system easier to navigate – for all Ontarians. The LHIN sub-regions would take the lead in integrating primary care with home and community care.

2. Timely access to primary care, and seamless links between primary care and other services.

Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.

The LHINs would work closely with primary care providers to plan services, undertake health human resources planning, improve access to inter-professional teams for those who need it most and link patients with primary care services. The ministry would continue to negotiate physician compensation and primary care contracts.

3. More consistent and accessible home and community care.

Strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the Community Care Access Centres (CCACs) to the LHINs.

With this change, LHINs would govern and manage the delivery of home and community care, and the CCAC boards would cease to exist. CCAC employees providing support to clients would be employed by the LHINs, and home care services would be provided by current service providers. This shift would create an opportunity to integrate home and community care into other services. For example, home care coordinators may be deployed into community settings, such as community health centres, Family Health Teams and hospitals.

4. Stronger links between population and public health and other health services.

Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.

The Medical Officer of Health for each public health unit would work closely with the LHINs to plan population health services. LHINs would be responsible for accountability agreements with public health units, and ministry funding for public health units would be transferred to the LHINs for allocation to public health units. Local boards of health would continue to set budgets, and public health services would be managed at the municipal level.

With the above four changes the ministry would continue to play a strong role in setting standards and performance targets, which would help ensure consistency across the province. The LHINs would be responsible for performance management, and for preparing reports on quality and performance that would be shared with the public and providers.

A PATH FORWARD

With *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, the ministry will engage the public and providers to discuss the proposal. The ministry has many questions concerning how to plan for and implement the proposed approach successfully. The full paper includes a series of discussion questions. The ministry is committed to listening. You are invited to review the full paper at www.health.gov.on.ca/en/news/bulletin and submit feedback or pose questions to health.feedback@ontario.ca.

The ministry looks forward to continuing the conversation...and to taking the next steps towards building a high-performing, better connected, more integrated, patient-centred health system.

OUR PROMISE

Put Patients First

In the *Patients First: Action Plan for Health Care* (February 2015), the Ontario Ministry of Health and Long-Term Care set clear and ambitious goals for Ontario's health care system:

Access

Improve access - providing faster access to the right care.

Connect

Connect services - delivering better coordinated and integrated care in the community closer to home.

Inform

Support people and patients - providing the education, information and transparency Ontarians need to make the right decisions about their health.

Protect

Protect our universal public health care system - making decisions based on value and quality, to sustain the system for generations to come.

To achieve these goals, the ministry must put patients, clients and caregivers first. We must create a responsive health system where:

- care providers work together to provide integrated care,
- patients and their caregivers are heard and play a key role in decision making and in their care plans,
- people can move easily from one part of the system to another,
- someone is accountable for ensuring that care is coordinated at the local level.

OUR PROGRESS

Over the past 10 years, Ontario's health care system has made great progress in improving the patient experience:

- **More access to primary care.** Family physicians, nurse practitioners and other health care providers — often working in team-based practices — have improved access to primary care. Nearly four million Ontarians receive care through these new teams.
- **More care closer to home.** Home and community care providers are providing care for more clients — many with complex conditions — at home, for longer periods of time.
- **Shorter hospital wait times.** Hospitals have reduced wait times for most surgical procedures and improved emergency department wait times, despite the fact that the number of people needing these services continues to increase. Hospitals are actively using evidence, data and information on the patient experience to improve quality.
- **More support for people to stay healthy.** There is a greater focus on disease prevention and health promotion.
- **More protection for our health system.** The *Excellent Care for All Act, 2010* has put in place tools and processes that have increased transparency, enhanced the system's focus on quality, and engaged Ontarians in improving health system performance.

These accomplishments are the result of a great deal of planning and hard work by all parts of the health system: hospitals, primary care and specialized offices and clinics, home and community care, long-term care homes, LHINs, CCACs and other health service organizations that provide care to Ontarians.

TODAY, 94%
of Ontarians report having a
regular primary health care provider.

Compared to 2003,
OVER 24,000
more nurses and
6,600
more physicians are
providing patient care.

Physicians representing more than
10 MILLION
ONTARIANS
now have electronic medical records.

OVER 80%
of primary care physicians use
electronic medical records in
their practice.

Flu shots are available in
2,500
pharmacies.

Vaccines and newborn screening
programs have been expanded.

1,076
health care organizations
submit annual Quality
Improvement Programs.

A PROPOSAL

to Strengthen Patient-Centred Care

Despite the progress, there is still more to do. Listening to patients, clients, caregivers and providers, we know that some people can struggle to get the primary care and home and community care services they need, and they still find the system fragmented and hard to navigate. We also know services are not as consistent as they should be across the province.

What we have heard from Ontarians has been confirmed in a series of expert reports, including those developed by Health Quality Ontario, the Auditor General of Ontario, the Primary Health Care Expert Advisory Committee, the Expert Group on Home and Community Care, the Commission on the Reform of Ontario's Public Service (the Drummond Report), and the Registered Nurses' Association of Ontario.

To ensure Ontarians receive seamless, consistent, high quality care — regardless of where they live, how much they earn or their ethnicity — we must address the challenges that affect the system's ability to provide integrated patient-centred care.

Many of these challenges arise from the disparate way these different health services are planned and managed. Some — such as hospitals, long-term care, community services and mental health and addiction services — are planned and managed by the province's Local Health Integration Networks (LHINs). Others — such as primary care, home and community care services, and population and public health services — are currently planned and managed in different ways.

We propose expanding the LHINs' mandate to include primary care planning and performance management; home and community care management and service delivery; and developing formal linkages with public health to improve population and public health planning. Under this proposal, LHINs would assume responsibility for planning, managing and improving the performance of all health services within a region, while still maintaining clinician and patient choice.

In this paper, we describe in more detail the challenges facing the health care system as well as the structural changes being proposed. We also pose a series of questions for discussion.

IMPROVING HEALTH EQUITY AND REDUCING HEALTH DISPARITIES

Our proposed plan focuses specifically on ways to improve access to consistent, accountable and integrated primary care, home and community care, population health and public health services. Informing this proposal are the needs of diverse Ontarians who rely on our health care system, including seniors and people with disabilities, as well as health equity and the importance of the social determinants of health, such as income level and geography.

The ministry also recognizes that some Ontarians struggle to access health and social services.

- The health outcomes of **Indigenous Peoples in Ontario** — particularly those living in remote and isolated communities — are significantly poorer than those of the general population. Improving health care and health outcomes for First Nations, Métis and Inuit peoples is a ministry priority. This means the health care system must provide better supports and services for patients, families and caregivers, and these services must respect traditional methods and be culturally appropriate. To develop these services, we will build and maintain productive and respectful working relationships at both the provincial and local levels. We will meaningfully engage Indigenous partners through parallel bilateral processes. Through collaboration, we will identify the changes needed to ensure health care services address the unique needs of First Nations, Métis and Inuit peoples no matter where they live across the province.
- **Franco-Ontarians** face challenges obtaining health services in French. To meet their needs, and improve their patient experience and health outcomes, we must ensure that the health care system is culturally sensitive and readily accessible in French.
- Members of **other cultural groups, particularly newcomers**, may struggle to get the health care they need. As part of our commitment to health equity, the system must be able to recognize the challenges that newcomers face and provide culturally appropriate care and timely access.

- **People who experience mental health and addiction challenges**

also face barriers to getting the care they need when they need it. The ministry is committed to strengthening mental health and addictions services. We will look to the work of the Mental Health and Addictions Leadership Advisory Council to ensure that changes in mental health and addiction services enhance access and improve overall system performance.

Over the next few years, as we continue to transform and restructure the health care system — making it more integrated, accessible, transparent and accountable — we will work to improve health equity and reduce health disparities. In their expanded role, LHINs would be responsible for understanding the unique needs of Indigenous peoples, Franco-Ontarians, newcomers, and people with mental health and addiction issues in their regions, and providing accessible, culturally appropriate services. At the same time, the ministry would pursue discussions with these partners to determine how best to adapt system structures to provide effective person-centred care.

THE PROPOSAL

1. More Effective Integration of Services and Greater Equity

THE ISSUE

The Ontario health care system offers excellent services, but they are fragmented in the way they are planned and delivered. This fragmentation can affect the patient experience. It can also result in inefficient use of patient and provider time and resources, and have a negative impact on health outcomes.

THE SITUATION NOW

Under the *Local Health System Integration Act, 2006*, the 14 LHINs are responsible for managing their local health systems. LHINs plan and manage performance in the acute care, long-term care, community services, and mental health and addictions sectors. Other services are managed differently. For example, CCACs are responsible for planning and contracting home care services and administering the placement process for long-term care. Although CCACs are accountable to the LHINs for their performance and receive funding from the LHINs, they have their own boards and operate rather independently. Other than the ministry, there is no organization accountable for planning primary care or specialist care services, and very little focus on managing or improving primary care performance. The province's public health services also have their own system for planning and delivering services.

Since their creation a decade ago, the LHINs have improved regional planning for and integration of some services. Across the LHINs, we've seen the impact of some successful efforts to integrate providers and services.

However, as the Auditor General recently noted, the LHINs lack the mandate and tools to align and integrate all health services. Under their current mandate, they cannot hold some parts of their local systems accountable or manage improvement in many service areas.

Through Health Quality Ontario, we also learned that there is variation across LHINs in terms of health outcomes. We have also heard that some LHIN boundaries may no longer fit patient care patterns in their communities.

EXAMPLES OF SUCCESSFUL INTEGRATION

- Collaborative care models, such as Family Health Teams, Community Health Centres, Aboriginal Health Access Centres and Nurse Practitioner-Led Clinics, allow health care providers to work together as an integrated team to deliver comprehensive care and coordinate services with a range of partners, including home and community care.
- Integrated service models, such as Health Links, bring together health care and other providers in a community to better and more quickly coordinate care for patients with complex needs.

To reduce gaps and ensure that services meet local needs, it is time to enhance the LHINs' authority. In a health care system focused on performance management and continuous quality improvement, it is also important for the ministry to hold the LHINs accountable for their performance. As part of any transformation, we must ensure their activities result in better access as well as greater consistency of services across the province.

PROPOSAL #1

To provide care that is more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.

Identify smaller regions as part of each LHIN to be the focal point for local planning and service management and delivery.

In their expanded role, LHINs would:

- Assess local priorities and current performance, and identify areas for improvement.
- Work with providers across the care continuum to improve patients' access to services, and make it easier for both patients and providers to navigate the system.
- Integrate and improve primary care, home and community care, acute care, mental health and addiction services and public health across the entire health care system.
- Drive the adoption of technology to enhance care delivery through, for example, integrated systems or virtual access to care providers through telemedicine.
- Prepare public reports about the patient experience with different health services and other reported outcomes to help drive improvements.

Although the LHINs have demonstrated that they are the right structure to enhance service integration, accountability and quality, they themselves would need some adjustments and additional tools to take on an expanded role. For example, their governance structures would need to be revisited (see Appendix) and their boundaries would need to be reviewed and possibly refined. In addition, LHINs would be asked to identify smaller geographic areas within their regions — or LHIN sub-regions — that reflect community geography, such as the current Health Links regions. Such LHIN sub-regions would be the focus for strengthening, coordinating and integrating primary health care, as well as more fully integrating primary care with home and community care, and ultimately fulfilling the clinical coordination responsibilities currently provided by the CCACs.

ACROSS ONTARIO'S 14 LHINs

- Life expectancy ranges between 78.6 and 83.6 years old.
- Smoking, obesity, and physical activity rates vary.
- The percentage of people who report that their health status is excellent or very good ranges from 6.8 per cent to 11.7 per cent.

In the transformed system, the ministry would retain its role in health workforce planning, in collaboration with LHINs and other partners.

QUESTIONS FOR DISCUSSION:

- How do we support care providers in a more integrated care environment?
- What do LHINs need to succeed in their expanded role?
- How do we strengthen consistency and standardization of services while being responsive to local differences?
- What other local organizations can be engaged to ensure patients are receiving the care they need when they need it? What role should they play?
- What other opportunities for bundling or integrating funding between hospitals, community care, primary care and possibly other sectors should be explored?
- What areas of performance should be highlighted through public reporting to drive improvement in the system?
- Should LHINs be renamed? If so, what should they be called? Should their boundaries be redrawn?

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

THE ISSUE

Despite a significant increase in the number of primary care providers, in some cases, Ontarians still find it difficult to get care when they need it. As a result, many patients use costly emergency departments for primary care problems. At the same time, primary care providers report that, because of the way the system is organized, they find it difficult to connect their patients to the other health services they need.

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

THE SITUATION NOW

All high-performing health care systems are based on strong primary care services delivered through a variety of models, including family doctors and primary care nurse practitioners working as part of inter-professional teams. Effective primary care is essential to improving health outcomes.

To understand how well Ontario's primary care services perform, Health Quality Ontario compared Ontario data with international data from the Commonwealth Fund. Compared to other developed countries, it found that Ontario performs poorly on access measures, such as same- or next-day appointments when people are sick or weekend after-hours appointments. It also found that, in Ontario, access to primary care is influenced by where people live and factors such as immigration status or the language spoken most often at home

The 2015 report *Patient Care Groups: A new model of population based primary health care for Ontario*, prepared by the Primary Health Care Expert Advisory Committee led by Dr. David Price and Elizabeth Baker, highlighted the challenges that primary care providers face when trying to connect their patients with other health services and suggested ways to address many of these challenges.

PROPOSAL #2

Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.

Set out clearly the principles for successful clinical change, including engagement of local clinical leaders.

Every Ontarian who wants a primary care provider should have one. Primary care should act as a patient's "Medical Home", offering comprehensive, coordinated, and continuous services and working with other providers across the system to ensure that patient needs are met. Making the LHIN and LHIN sub-regions the focal points for primary care planning and performance measurement would be a crucial step towards achieving these goals.

With the proposed approach:

- LHINs would work closely with primary care leaders, patients and providers to plan and monitor performance within each LHIN sub-region.

.....
57%
of Ontarians cannot see their primary care provider the same day or next day when they are sick.
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.....
52%
find it difficult to access care in the evenings or on weekends.
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.....
Low-acuity patients account for
34%
of emergency department visits.
.....

- Planning would include improving access to inter-professional teams for those who need it most, facilitating care plans and supporting an integrated, coordinated patient-centred experience.
- LHINs, in partnership with local clinician leaders, would be responsible for recruitment planning, linking new patients with doctors and nurse practitioners, and improving access and performance in primary care.
- To make it easier for patients to connect with primary care, each LHIN sub-region would have a process to match unattached patients to primary care providers.
- Existing relationships between patients and their care providers would continue. Patients will always have the right to choose their primary care provider, and the sub-regions would help patients change physicians or nurse practitioners to get care closer to home. Similarly, clinicians would retain choice for what patients they care for within their sub-regions.
- While LHINs would play a greater role in primary care health human resources planning, physician compensation and primary care contracts would continue to be negotiated by the government and administered centrally. Ontario Medical Association (OMA) representation rights would continue to be respected.
- To help drive continuous quality improvement in primary care, the ministry would more methodically measure patient outcomes in primary care to help understand the patient experience accessing primary care, including same-day and after-hours care, and satisfaction with service.
- LHINs would collect, assess and publish performance indicators at a sub-region level and share that information with health care providers and managers to support performance improvement, as well as to help inform the organization of primary care in each LHIN sub-region.

With the proposed emphasis on local care coordination and performance improvement, the primary care sector would be better positioned to meet the needs of communities across the province. These changes will enable the approach to Patient-Centered Medical Homes as recommended by the Ontario College of Family Physicians and others.

QUESTIONS FOR DISCUSSION

- How can we effectively identify, engage and support primary care clinician leaders?
- What is most important for Ontarians when it comes to primary care?
- How can we support primary care providers in navigating and linking with other parts of the system?
- How should data collected from patients about their primary care experience be used? What data and information should be collected and publicly reported?

There are more than
12,000
 primary care physicians in
 Ontario, and about
450
 enter practice each year.

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 and Community Care

THE ISSUE

Home and community care services are inconsistent across the province and can be difficult to navigate. Many family caregivers who look after people at home are experiencing high levels of stress – due in part to the lack of clear information about the home care services available and how to access them. Primary care providers report problems connecting with home care services, and home care providers say the same thing about their links to primary care.

THE SITUATION NOW

The last major reform of home and community care was in 1996 with the creation of 43 CCACs responsible for planning, coordinating, delivering and contracting services designed to help people leave hospital earlier and stay independent in their homes for as long as possible. In 2007, the 43 CCACs were amalgamated to align geographically with the LHINs.

Bringing Care Home, the 2015 report of the Expert Group on Home and Community Care led by Dr. Gail Donner, highlighted the ongoing service challenges in the home and community care sector. According to that report, the current model is cumbersome. It lacks standardization across the province and is not consistently delivering the services that people need, including our growing population of seniors. However, the Expert Group encouraged the government to focus first on functional change before addressing any structural changes.

The ministry responded with the *Roadmap to Strengthen Home and Community Care*, which outlined a plan to improve care delivery. This work is well underway and includes bundled care initiatives, self-directed care and more nursing services at home for those who need them, among other initiatives.

The Auditor General recommended that the ministry revisit the model of home care delivery in Ontario — echoing recommendations in the 2012 report from the Commission on the Reform of Ontario’s Public Service (the Drummond Report). In its 2012 report, *Enhancing Community Care for Ontarians*, the Registered Nurses’ Association of Ontario also encouraged the ministry to review the duplication within the current home and community care system, and to improve linkages with primary care.

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Timing of first nursing and personal support visits varies by Community Care Access Centre.
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One-third of informal caregivers are distressed, twice as many as four years ago.
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PROPOSAL #3

Strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the CCACs to the LHINs.

The ministry proposes to move all CCAC functions into the LHINs to help integrate home and community care with other parts of the health care system, and to improve quality and accountability. The proposed shift will create opportunities to embed home and community coordinators in other parts of the system.

Under this proposal:

- The LHIN board would govern the delivery of home and community care, and the CCAC boards would be dissolved.
- CCAC employees providing support to clients would be transitioned to and employed by the LHINs.
- Home care coordinators would be focused on LHIN sub-regions, and may be deployed into community settings (such as family health teams, community health centres or hospitals).
- Home care services would continue to be provided by current service providers. Over time, contracts with these service providers would be better coordinated and more consistent within the geographic model of the LHIN sub-regions.
- LHINs would be responsible for the long-term care placement process currently administered by CCACs.
- The ministry's ten-point plan for improving home and community care would continue under LHIN leadership.

While care planning and delivery would be done at the local level, the function of establishing clinical standards and outcomes-based performance targets for home and community care would be centralized. Having common standards and targets for the whole province will ensure more consistent and higher-quality care.

QUESTIONS FOR DISCUSSION

- How can home care delivery be more effective and consistent?
- How can home care be better integrated with primary care and acute care while not creating an additional layer of bureaucracy?
- How can we bring the focus on quality into clients' homes?

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 Public Health and Other Health Services

THE ISSUE

Public health has historically been relatively disconnected from the rest of the health care system. Public health services vary considerably in different parts of the province and best practices are not always shared effectively. While local initiatives and partnerships have been successful, public health experts are not consistently part of LHIN planning efforts to improve population health. Many aspects of the health care system are not able to properly benefit from public health expertise, including issues related to health equity, population health and the social determinants of health.

THE SITUATION NOW

Public health services in Ontario are managed by 36 local public health units, whose mandate is to assess population health (e.g. the health status of their community) and implement programs to improve health. Because the public health system is municipally based, public health unit areas do not align with LHIN boundaries.

Improving population health is an important goal for both local public health units and the health care system as a whole. However, many of the complex social, economic and environmental factors that affect health — such as income, education, adequate housing and access to healthy foods — lie outside the health system. In their efforts to improve health, public health units look at how these complex determinants collectively affect the health of individuals and communities.

According to the 2015 Health Quality Ontario report, population health outcomes vary across our communities. To close these gaps, the health system needs more consistent and meaningful collaboration and coordination between public health, the rest of the health care system and LHINs.

While many important public health functions — such as restaurant inspections — do not overlap with health care planning or delivery, others — such as surveillance of reportable infectious diseases, documentation of immunizations, smoking cessation programs and other health promotion initiatives — do. Where the system's and public health's interests overlap, public health would benefit from more in-depth knowledge of the population's health status available through LHINs as well as the LHINs' ability to distribute health resources to address health inequities. LHINs would also benefit from greater access to public health expertise when planning health services.

PROPOSAL #4

Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.

To better integrate population health within our health system, we propose that LHINs and public health units build on the collaborations already underway, and work more closely together to align their work and ensure that population and public health priorities inform health planning, funding and delivery.

To support this new formal relationship:

- The ministry would create a formal relationship between the Medical Officers of Health and each LHIN, empowering the Medical Officers of Health to work with LHIN leadership to plan population health services.
- The ministry would transfer the dedicated provincial funding for public health units to the LHINs for allocation to public health units. The LHINs would ensure that all transferred funds would be used for public health purposes.
- The LHINs would assume responsibility for the accountability agreements with public health units.
- Local boards of health would continue to set budgets.
- The respective boards of health, as well as land ambulance services, would continue to be managed at the municipal level.

As part of a separate initiative to support more consistent public health services across the province, the ministry is modernizing the Ontario Public Health Standards and Organizational Standards to identify gaps and duplication in service delivery; determine capacity and resource needs; and develop options for greater effectiveness.

The ministry would also appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and public health units, and how to further improve public health capacity and delivery.

QUESTIONS FOR DISCUSSION

- How can public health be better integrated with the rest of the health system?
- What connections does public health in your community already have?
- What additional connections would be valuable?
- What should the role of the Medical Officers of Health be in informing or influencing decisions across the health care system?

ANTICIPATED PERFORMANCE IMPROVEMENTS

- ✓ Health service delivery better reflects population needs
- ✓ Public health and health service delivery better integrated to address the health needs of populations and individuals
- ✓ Social determinants of health and health equity incorporated into health care planning
- ✓ Stronger linkages between disease prevention, health promotion and care

WHAT WOULD THE PROPOSED CHANGES MEAN FOR ONTARIANS?

Patients, clients and family caregivers would have one point of contact in each LHIN sub-region responsible for connecting them with a primary care provider, as well as other health services and resources. All Ontarians should have better access to inter-professional providers including specialists when they need them, including better access to same-day, next-day, and after-hours and weekend care.

Ontarians — including patients recovering from a stay in hospital and people who are frail or who have chronic conditions — would find it easier to understand, access and navigate the home and community care services available to them.

Patient choice will be respected. People who have pre-existing relationships with primary care providers outside their LHIN sub-region will not have to change providers. One of the guiding principles of home care during and after the transition will be ensuring continuity of care providers.

Physicians, nurses and other care providers would work in a system and structure that supports integration, helps them do their jobs, maintains their clinical autonomy, makes the most of their time and expertise, and sets clear accountabilities. Clinicians would benefit from improved access to personal health information that makes it easier to coordinate care and track the care patients receive in different parts of the system. Health care providers would also retain choice for deciding what patients they would care for.

Specialist physicians would benefit from local planning that enhances access to their services and promotes the use of technology (e.g. e-consult and e-referral) and shared care using telemedicine to provide services for complex patients who live far from specialty care.

Hospitals would benefit because changes in the primary care and home and community care sectors would enable them to provide more continuous care, and help address intractable problems such as high rates of hospital readmissions, alternate level of care and inappropriate use of emergency services.

PATIENT CHOICE WILL BE PROTECTED

- No one will have to change primary care providers.
- Care decisions will take into account where people live, work and go to school.
- There will be no new restrictions on long-term care home choices.
- There will be no new layer of bureaucracy between Ontarians and the health services they need.

CCAC employees perform essential work that will continue under this proposal. CCAC employees who support clients would be integrated into the LHINs and their collective agreements will be respected. Some CCAC coordinators may end up working in hospitals or primary care settings, but they will still be employed by the LHINs. The CCAC management structure would be reviewed in conjunction with the management structure of expanded LHINs in order to support service planning and delivery in a way that maximizes care for patients and clients while improving efficiency.

Public health staff would see no change in the critical work they do every day in their communities. However, they would have stronger links with other parts of the health system.

Long-term care leaders and employees would have better support in managing transitions for clients between acute home and community care, and long-term care. They should benefit from better service planning and delivery in the home and community sector.

The health system itself would be more efficient. There would be less duplication of services, better sharing of information and more effective use of technology to ensure quick access to health information, including lab results and diagnostic imaging. Connections across the full continuum of care would mean, for example, that family physicians receive hospital discharge summaries and providers in the acute sector receive community care assessments. Patients would also have access to publicly available information about health system performance that is specific and relevant to them.

A PATH FORWARD

The proposed structural changes to Ontario's health care system are designed to strengthen patient-centred care and deliver high-quality, consistent and integrated health services to all Ontarians. Implementing these changes while ensuring the continuity and improvement of high-quality services will require a well-thought-out and carefully implemented plan.

The ministry has questions about how to successfully plan for and implement this proposed approach. With the release of this discussion paper, the ministry will begin an engagement process to discuss the proposal and its refinement. The ministry is committed to listening to staff and clinicians, patients, clients and caregivers, other health care partners, Indigenous peoples, and municipal and other community and government partners.

We hope to receive feedback on the questions in this proposal, including:

- How can clinicians and health care providers be supported in leadership roles in continued system evolution?
- How do we ensure changes are supportive of and responsive to future service changes that are still being worked on, such as home and community care?
- How do we create a platform for further service integration, such as enhanced community mental health and addictions services?
- What accountability measures need to be put in place to ensure progress is being made in integrating health care services and making them more responsive to the needs of the local population?
- How do we support improved integration through enhanced information systems, data collection and data sharing?
- What can be done to ensure a smooth transition from the current system to the one proposed in this proposal?
- How would we know whether the plan is working?

If there are other questions, please submit them for consideration. Feedback and questions can be sent to health.feedback@ontario.ca or submitted at www.health.gov.on.ca/en/news/bulletin.

The ministry looks forward to continuing the conversation about this proposal in a variety of forums. We hope this discussion will result in a plan that can successfully build a high-performing, better connected, more integrated, patient-centred health system — one that responds to local needs and is committed to continuous quality improvement.

The proposed model would require changes to legislation including but not limited to the *Local Health System Integration Act, 2006*, the *Community Care Access Corporations Act, 2001*, the *Home Care and Community Services Act, 1994*, the *Health Protection and Promotion Act*, among others. The ministry is reviewing relevant acts and intends to propose draft legislation for consideration by the Legislative Assembly in the spring of 2016.

APPENDIX

System Governance

The success of the proposal outlined in this paper is based on the ministry, LHINs and health care providers having the tools they need for effective governance and management. Clear and meaningful accountability relationships will be developed, and transparent performance measurement must be strengthened.

To fulfill their new responsibilities, the LHINs would require expanded boards and leadership with the necessary skills, expertise and local knowledge.

At the same time, LHINs need to be aligned with the ministry's objectives to ensure accountability to Ontarians and consistently equitable services. LHIN activities would need to be carefully defined and performance plans supported and enforced by the ministry. A variety of measures would be put in place to enhance LHIN accountability to the ministry and to Ontarians, including transparency, the identification of standards, funding and enhanced ministry authority.

As the 2008 report *High Performing Healthcare Systems: Delivering Quality by Design* demonstrated, it is possible to develop a culture of quality when objectives and structures are aligned.

QUESTIONS FOR DISCUSSION

- What other tools are needed for effective governance?
- What would be the most effective structure for LHIN boards and their executive?
- How can LHINs promote leadership at the local level?