

Mississauga Halton LHIN Primary Health Care Steering Committee Terms of Reference

Purpose

To improve the quality, value and extent of the organization and delivery of primary health care in the Mississauga Halton LHIN with the goal of improving the patient care experience, improving population health and controlling the cost of health care delivery.

Objectives

1. To provide tactical and implementation advice to the MH LHIN on the rollout of actions to achieve the strategic priorities outlined in the 2010-2013 Integrated Health Services Plan.

Specific deliverables include:

- 1.1 Provide feedback to other strategic priority committees on the feasibility of primary health care adoption of proposed clinical practice guidelines, models of care, common tools, etc.
- 1.2 Develop key messages for communicating to a wider audience of primary health care practitioners to engage their participation in these strategic initiatives.
- 1.3 Be a consultative body to other LHIN committees that come to seek advice on primary health care engagement.

2. To develop, implement and monitor a primary health care communications and engagement strategy for addressing the key areas of interest notably: palliative care, diabetes care, e-health, mental health and addictions, the frail elderly, patient flow (i.e. reducing ALC, ED avoidance), and any other initiatives that may be identified in the Annual Business Plan.

Specific deliverables include:

- 2.1 A communications and engagement action plan for primary care physicians is developed.

3. To provide advice to the MH LHIN on opportunities to improve access to family health care through different models of care.

Specific deliverables include:

- 3.1 A current state inventory of primary health care delivery models in MH LHIN.
- 3.2 A needs assessment for primary health care delivery to assist the MH LHIN to focus on high risk groups.
- 3.3 A vision for the desired future state of primary health care delivery in MH LHIN.

Accountability

Representatives retain accountability to their respective organizations, committees or affiliations for representation of the interests and views of their respective organizations and for championing actions agreed upon by the Primary Health Care Steering Committee. All representatives are accountable to their health sectors for representation of key issues and ensuring that the committee has access to accurate information from their respective sectors for planning and decision-making.

The committee membership is accountable to the Mississauga Halton LHIN through the LHIN CEO, for identifying strategies and recommending actions that are consistent with LHIN and ministry priorities.

Membership

The Committee will be chaired by a designated member of the committee appointed by the CEO of the Mississauga Halton LHIN.

Steering Committee members will comprise physician representatives of the primary health care sector including representatives of existing LHIN committees. Additionally, membership will also contain representatives in MH LHIN of the broader primary health care sector. It is important for membership to represent all geographic areas of the LHIN including the rural/urban mix. Suggested representation may include:

- 1 representative of Hospital family practice departments
- 1 representative of Family Health Teams
- 2 representatives of community based family practice physicians (who are not part of the first 2 sectors above)
- 1 representative of the Physician e-Health Steering Committee
- 1 representative of the Community Health Centre model
- 1 representative of Health Care Connect (MH CCAC)
- 1 representative of the Nurse Practitioner profession
- 1 representative of Community Retail Pharmacists
- 1 representative of the OMA
- 1 representative of the Ontario College of Family Physicians
- 1 representative of the Medical Officer of Health for Peel, Halton or Toronto Public Health Departments
- 1 representative of the Ministry of Health and Long Term Care's Primary Health Care Team
- 1 representative of the community at large
- 1 representative of the MH LHIN senior leadership team

Total = 15 members

Attendance should be constant. Substitutes are not encouraged unless a prolonged absence is anticipated. Members who are absent are expected to review and act on minutes of each meeting.

Ad Hoc Representatives:

Other ad hoc representatives may be added at the invitation of the Committee. These may include provincial representatives or strategic priority initiative based representatives (e.g. Palliative Care Initiative).

Roles and Responsibilities

The Chair will facilitate the conduct of meetings, liaise with other leaders as required, and delegate responsibilities equitably to the members of the Steering Committee. The Steering Committee will not replicate existing structures or objectives that already are assigned to other committees within the MH LHIN.

The MH LHIN will:

1. Provide relevant updates to the committee from the LHIN Board of Directors, Ministry of Health and Long-Term Care and other ministries.
2. Through the senior leadership representative, ensures that the MH LHIN Board of Directors is informed regarding the initiatives and activities of the MH LHIN Primary Health Care Steering Committee.
3. Ensure that the Steering Committee is informed regarding initiatives of the MH LHIN.

Term of Office: The term for the Chair will be two years.

Meetings

The Committee will meet approximately 4 times per year or as per agreement of the Committee members. The Chair is responsible for the distribution of the Agenda and minutes at least 3 days prior to each meeting.

The expected start date for the Primary Health Care Steering Committee is by the end of April 2010.