

Appendix

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Methodology to Identify Integration Priorities

Step 1: Formulation of the Decision Making Criteria for Selection of the Integration Priorities

An Integration Strategy (See Appendix B) was developed to achieve three purposes, including: first to provide an overview of integration within the Mississauga Halton LHIN, second the goals for integration and finally the guiding principles or criteria for decision making for setting priorities and recommendations going forward.

The overview details the expectations for integration, the role of the LHIN in integration and a description of the types of integration both horizontal and vertical. This document grounded the entire IHSP development process and will provide considerable support to the Detailed Planning and Action Teams going forward.

The Integration Strategy outlined the strategic goals for integration. The priorities and actions plans needed to align with these and ensure movement toward their achievement. The goals are designed to drive behaviour and support the overall vision of the LHIN. The achievement of these goals will be a test for determining success.

Finally, the guiding principles or decision making criteria were developed, reviewed by the Board of Directors, tested through an on-line survey (one for providers of health care services and the other for the general public) and finally confirmed by the Board. The on-line survey provided an opportunity to the public and providers to rank the decision making criteria to identify the ones they felt were most important in evaluating integration opportunities. This process ensured a broad base of input and demonstrated considerable support for the criteria. These decision making criteria were used specifically by the Steering Committee to evaluation all the integration opportunities to select the integration priorities for the draft IHSP. In addition, these decision making criteria will be the guiding principles for the Detailed Planning and Actions Teams who will apply them to their various options in order to develop their recommendations.

The Integration Strategy was reviewed and approved by the Board of Directors on April 11, 2006.

Step 2: Identification of the Integration Opportunities

The following sources were used in the identification of integration opportunities:

- Local Opportunities for Health System Integration, Summary Report from the Mississauga-Oakville Local Health Integration Network Steering Committee, 2005
- Public Forums, 168 attendees
- Provider Forums, 160 attendees
- Web Survey – Public, 301 responses
- Web Survey – Provider, 91 responses
- Written Submissions, 9 reports
- Delegate Presentations, 3 presentations
- Demographic Profile/ES
- MOHLTC Provincial Priorities
- Best Practice Research

The responses from all these sources were compiled and grouped into common themes and provided the input for to the integration opportunities.

Step 3: Evaluation of the Integration Opportunities

The themed Integration Opportunities were evaluated by the Mississauga Halton LHIN IHSP Steering Committee and Senior Executive team. The evaluation applied the decision making criteria which was validated by the web survey participants. A systematic scoring approach was taken to evaluate each themed integration opportunity. Every evaluator analyzed the integration opportunity based on the decision making criteria, each criteria was given a score from 1 to 10, 10 being the integration opportunity that best meets the criteria. All the evaluation scores were tallied and an average score was calculated for each integration opportunity. The integration opportunities with the highest average were identified as the ones which best fit the strategic goals of integration.

Step 4: DRAFT Integration Priorities

The draft integration priorities identified were (please note they are not ranked by order):

- Improving health through Chronic Disease Prevention and Management
- Improving Mental Health and Addictions services for clients and their families
- Improving access to Primary Health Care
- Improving services for Seniors

- Improving health system performance

In addition to the integration priorities six enabling strategies were identified. These strategies run across all priorities and thus must be considered within the analysis and planning of each. The approach at times will from a systems perspective with the application to the individual priority needs and in other instances the individual priority will drive specific actions within each of the strategies. The enabling strategies include:

- Information and technology solutions
- Health human resources planning
- Promotion and prevention
- Education and knowledge sharing
- System navigation
- Best practice care maps and standardization

The draft priorities and enabling strategies were presented in the form of a draft IHSP to the Board of Directors on July 6. The Board passed the draft for further consultation and refinement through the Phase 2 validation process.

Step 5: Validation of the DRAFT Integration Priorities

This step focused on two critical components implementing a new Steering Committee structure and round two of community engagement. The new committee, the Integration Advisory Group, to guide the completion of the IHSP was formed in July and had its inaugural meeting in August. The Terms of Reference for the IAG follow the over of the process. The draft integration priorities were packaged for sharing with the public and providers in a user friendly format and the Phase 2 Community Engagement (See Appendix C) for full details and summary of findings) was underway. Upon completion of the engagement plan and input from the Integration Advisory Group the following changes were confirmed and recommended to the Board of Directors:

- Focus on seniors health and wellness and incorporate a more integrated approach for the palliative care action plan.
- Enhance the role of self management, case management and information technology within the chronic disease prevention and management priority. Plus the focus on the dual strategy of addressing risk factors as well as disease specific strategies that ensure a multiple condition approach rather than disease silos.
- Within the Mental Health and Addictions priority, focus more on integration within and across mental health, addictions and the larger health system. Enhance the action plan on the development of an integrated service delivery model and have the early wins align with the

establishment of the vision and guiding principles for the an integrated delivery model.

- Primary Health care requires the same vision service delivery for solo practitioners as inter-professional Family Health Teams, recognizing that solo or small group practices will still be the predominate delivery mechanism in the near term.
- Children and youth were insufficiently emphasized within the draft and thus increasing their significance within the priorities was viewed as critical.
- The health system needs to provide more of an overview regarding the interdependencies across all the priorities. This is needed to demonstrate the role that the system priority plays in terms of integrating all the priorities into a systems focus for planning and decision making.
- Revisions to the Environmental Scan, including additional information regarding addictions, children and youth

Step 6: Final Integration Priorities

Upon analysis of all the input from all aspects of the community engagement and final review of the date, the integration priorities are as follows:

- Enhancing seniors health, wellness and quality of life
- Preventing and Managing Long-lasting (Chronic) Illnesses
- Strengthening Primary Health Care
- Integrating Mental Health and Addictions Services
- Improving Health System Performance

In addition to the integration priorities there are now seven enabling strategies, including:

- Information and technology solutions
- Health human resources
- Promotion and prevention
- Education and knowledge sharing
- Easy movement through the system
- Best practice care maps and standardization
- Transportation

Mississauga Halton Local Health Integration Network

Integration Advisory Group

Terms of Reference

Background

A key deliverable for each LHIN is the completion of an Integrated Health Service Plan (IHSP) by October 31, 2006. The Mississauga Halton LHIN IHSP will have a 3-year view and will outline local priorities for the time period covered by the plan. A vision, mission and strategic goals, based on both the provincial direction and local requirements, will be included along with many other content points such as objectives, action plans and performance measures. It will include an approach for the development of creative and innovative solutions for local health system planning and will have links to provincial priorities. A complete environmental scan, analysis of local issues and integration priorities and the establishment of short and long term targets will be detailed along with 'early win' opportunities for integration.

Mandate

Purpose: The first order of business for the Integration Advisory Group will be to inform the development of the Final IHSP, and assist and provide advice to the Mississauga Halton LHIN Senior Leadership Team through the next 3 months with likelihood of continuing to inform Phase 2 of our integration approach – the detailed planning and action phase.

Functions: The primary functions of the Integration Advisory Group are to:

- Review and advise on the local integration vision and goals for the IHSP;
- Review results of the environmental scan in order to:
- contribute to interpretation of data and analysis and provide advice on the significance of issues or gaps identified by the scan
- contribute to interpretation of opportunities and enablers for integration and other issues related to the delivery of health services
- provide advice on the significance of issues impacting access to and delivery of health services;
- Contribute to the finalization of IHSP priorities based on the decision-making criteria defined by the Mississauga Halton LHIN Board of Directors;
- Advise on the Action Plans for the integration priorities;
- Review and recommend community engagement activities that

- support the evolution of the draft IHSP to the final document;
- Ensure that the community engagement activity results are incorporated in the final IHSP document.

Principles

Representation: While it is recognized that members will bring diverse perspectives and expertise to the Integration Advisory Group based on experiences in their own organizations, sectors, and communities, all members will be expected to represent the interests of the Mississauga Halton LHIN.

Decision-making: The Integration Advisory Group will work on a consensus basis.

Confidentiality: The Integration Advisory Group may deem aspects of its deliberations to be confidential for a period of time or for the duration of the IHSP development process. All members will be expected to respect this confidentiality and will be encouraged to discuss information that can be reported publicly at the end of each meeting.

Membership

Members of the Integration Advisory Group will be appointed by the Mississauga Halton LHIN Senior Leadership Team. In selecting the members, the Team has endeavoured to reflect a broad spectrum of partner interests and expertise from across the Mississauga Halton LHIN catchment area, including:

Health Sector Expertise: Membership of the Integration Advisory Group may include individuals with the expertise and experience in the following areas:

- Primary Care/Family Health Teams
- Community Health Centres – future satellite site
- Public Health
- Mental Health and Addictions
- Hospitals
- Community Care Access Centres
- Long Term Care Facilities
- Community Support Service Agencies

Mississauga Halton LHIN Board Representation: Two - three members of the Mississauga Halton LHIN Board of Directors will participate on the Integration Advisory Group.

Structure and Accountability

Chair: Michael Fenn

Vice Chair: Scott McLeod

Reporting Relationship & Accountability: The Integration Advisory Group is accountable to the Mississauga Halton LHIN Senior Leadership Team. Final decision-making on the IHSP lies with the Mississauga Halton LHIN Board of Directors.

Conflict of Interest: Members will be required to declare any pecuniary or non-pecuniary conflict of interest to the Integration Advisory Group and refrain from discussions as appropriate.

Quorum: Quorum will be fifty percent of total members plus one.

Meeting Frequency: Initially it is expected that the Integration Advisory Group will meet every two weeks. Following the completion of the draft IHSP, it is anticipated that meetings will be held monthly. Additional meetings may be called at the request of the Chair.

Support: Mississauga Halton LHIN staff will provide the Integration Advisory Group with documentation and background materials as appropriate in preparation for scheduled meetings. Members will not receive remuneration but will be reimbursed for out-of-pocket expenses.

Term

The IHSP will be completed by October 2006. An ongoing role for the Integration Advisory Group beyond October 2006 will be evaluated prior to completion of the final IHSP.