

## Mississauga Halton Local Health Integration Network (MH LHIN)

### Health Service Providers Forum - May 5, 2009

*The LHIN invited health service providers and other providers/partners from the LHIN to discuss the proposed strategic and integration priorities and enabling strategies to be included in the LHIN's Integrated Health Service Plan for 2010–2013. The session was one of a number of focused consultations planned with groups of stakeholders in April and May. Staff and members of the Board of Directors of the LHIN will be attending these sessions and listening closely to the feedback. The stakeholders' perspectives will also be an important part of the discussion with participants in the Citizens' Reference Panel this June.*

The participants in this session considered the proposed priorities for the Integrated Health Service Plan for 2010 - 2013:

- Improving access, quality and sustainability of the health system
- Enhancing seniors' health, wellness and quality of life
- Integrating mental health and addictions services
- Prevention and management of chronic conditions

They also discussed the three broad categories of enabling strategies:

- Primary health care
- eHealth strategy
- Health human resources

The following is a summary of general comments on health service integration and on the major themes arising in the discussion on the individual proposed priorities and strategies. ***Some of the issues raised do not fall within the work of the LHIN, but they are recorded here to fully capture the participants' views.***

## Mississauga Halton LHIN Health System Update

The session began with an overview of progress in the LHIN on priorities from the first and current IHSP.

- Achievements in seniors' health, wellness, and quality of life centred on initiatives to make daily living easier for seniors and on bridging the gap between hospital and home care. For example, the strategy for "hard to serve" seniors dramatically reduced the number of days these patients spent in acute care and specifically ALC days.
- Progress on the integration of acute care clinical services included creation of 24/7 capacity in Trillium Health Centre's Cardiac Care facility and initiatives in integrating vascular surgery and neurosurgery services.
- Wait times for six key procedures were significantly reduced over the last three years.
- The LHIN made progress on provincial targets for emergency room wait times, but more needs to be done in this area, particularly in treatment within eight hours for admitted patients (the only target where results were lower than the provincial average).

LHIN staff presented demographic figures and prevalence statistics on diabetes and mental health and addictions in the LHIN. They also reviewed the criteria for setting priorities for the IHSP and specific areas of focus under each of the proposed priorities. The specific criteria used for deciding on the priority areas included a focus on:

- Core commitments
  - Is there a direct link to the LHIN and Provincial Health System Priorities?
- Achievability
  - Do we have direct influence and can it be executed with 3 years?
- Benefits
  - Will there be a positive impact on health outcomes and improved accessibility, quality and safety?

- Severity and Prevalence
  - How severe is the problem and where do we have influence?
  
- Feasibility
  - Can health service providers and LHIN staff do what is proposed?
  
- Costs and Risks
  - Can it lead to a sustainable system?

The LHIN highlighted examples of the work it carries out involving health system planning; funding health service providers who deliver health services, as well as monitoring how well health services are being provided through a set of performance measures. It was also noted the LHIN does not have a mandate in some other areas of the health care system including providing direct patient care, oversight or management of physicians, oversight and management of certain areas of the health care system such as public health IHSP or ambulance services.

The importance of the current priorities was highlighted in a pre-session survey of the participants. Sixty per cent said that the first IHSP had “very much” influenced their work. Most reported that it had helped to shape priorities in their organization, and that new initiatives flowing from those priorities have increased collaboration among service providers and reduced duplication of effort. Several mentioned specific improvements in capacity, transportation systems, workflow, and general administration.

## General comments on health service integration and proposed priorities for IHSP refresh

- Add health care for children and youth, health and wellness promotion, and palliative care to the list of priorities.
- Focus on what is manageable and can be done well.
- Ensure that funding processes under the priorities do not create “silos” that make integration of services more difficult.
- Streamline administrative processes so that they take less time away from patient care.
- Review and revise performance measures and targets to make them more meaningful and fully reflect quality of care.

- Work toward better integration of services and increased sharing of information and resources by health service providers.
- Address the need for more information on the services available in the community.
- Emphasize education and training (for the public and for service providers) in the implementation of all of the proposed priorities.

## Proposed Priorities

### Improving access, quality and sustainability of the health system

- A recurring theme was that “all doors should be the right door.” Health service providers should all be hubs leading to all health-related services and capable of making seamless referrals. There was also widespread support for the “one stop shop” concept, where comprehensive information and services are available in one place.
- The participants felt that wait times are not accurate under the current reporting system because they do not reflect factors such as patients waiting to be moved to other facilities or services. They also noted that wait times should be monitored across the continuum of services.
- Transportation problems, difficulties in navigating the health system, and language barriers were highlighted as major impediments to access.

### Enhancing seniors’ health, wellness and quality of life

- Participants saw a need for more data on seniors’ needs to use in planning services, including information on what today’s 40-to 60-year-old population is planning for the senior years. They suggested that a model of geriatric care should be drafted, based on that data and on strategic planning by the LHIN and service providers.
- Several ways of promoting wellness and preventing crisis situations were suggested, including encouraging early planning for care later in life, centralized, accessible community service centres, and centres of excellence for senior care. Social activity programs and programs to help sustain or increase mobility were also seen as important contributors to wellness.

- Aging at Home was considered a good strategy, and the participants noted that increased home supports, both medical and practical, must be part of the implementation. Since staying at home is not always possible, the participants saw an overall need for increased capacity in long-term care, in both beds and in the variety of facilities available. They also noted a particular need for dialysis units and for mental health specialists in long-term care facilities.
- Enhanced case management was suggested as way to help seniors navigate the health system, as well as to prevent hospital admissions due to medication errors.

## Integrating mental health and addictions services

- Services related to mental health and addictions were seen as inadequate for all age groups. The participants noted the strong correlation between funding and results, and that the LHIN's allocation for mental health and addictions services is not meeting the need for more services. The framework provided by the Canadian Mental Health commission was suggested as a starting point for identifying and addressing needs in the LHIN.
- Most participants supported the integration of mental health and addictions services, but some also saw a need for separate services where the two conditions are not concurrent. Participants also supported the integration of those services with the health system generally. The “no door is the wrong door” approach was considered especially important in mental health, since a patient turned away from one door might not seek help elsewhere. The CAMH model was seen as a good starting point for services within the LHIN, though not necessarily delivered at a single location.
- Mental health and addictions service providers noted that the age range for psychosis is shifting to younger people, and that there should be a special focus on prevention and early intervention with children and teens. For children, a major difficulty is the many agencies involved as they age through the system (much of which is governed by law).

## Prevention and management of chronic conditions

- Education and preventive measures were important themes in the discussion of all of the priorities, but especially in discussing the prevention and management of chronic conditions. The participants felt that the stronger emphasis should be on preventing disease where possible.

- Service providers pointed to the need for education on prevention, early detection, more intensive education for patients, caregivers, and families, knowledge transfer among practitioners, and coordinated methods of sharing information about innovative ways to manage disease.
- Participants supported the integration of services for patients with chronic conditions in order to treat them holistically, particularly in the case of co-morbidities.

## Enabling Strategies

### Primary health care

- Service providers support the integration of primary health care services, but would like to see a detailed strategy for implementation. They noted that some initiatives are under way in the LHIN, and that they were willing to do more. They would also like to see integration and cooperation among allied health professionals as part of the implementation strategy.
- There are significant gaps in information on existing services. One solution may better inform family physicians on all of the community and specialized services available.

### eHealth strategy

- Although the eHealth strategy was considered to have great promise, many participants had experienced frustration with implementation to date, and many were not using it at all. The participants pointed out that governance and a decision-making structure must be put in place first, with detailed planning for infrastructure and hardware integration among agencies.
- The main improvements the participants wanted to see as a result of the eHealth strategy were access to patient information (recognizing that privacy issues need to be worked out) and the ability to accomplish administrative tasks like submitting forms and reporting.
- Widespread use throughout the health system was viewed as necessary to making the strategy successful.

## Health human resources

- The participants felt that health human resources should be approached strategically and centrally. LHIN boundaries overlap with other administrative units, which creates problems with employment equity (and different and sometimes conflicting models of care).
- With regard to wages, many participants believed that higher pay is necessary to address the shortage of health care staff. They also noted that pay is higher in hospitals, which makes the shortage of community workers more acute. Personal support workers were said to be in particularly short supply while increasing duties and low wages were cited as the cause.
- The shortage of family physicians continues to be a serious impediment to access to health care. As one measure to help address this, it was suggested that the relevant law and regulations should be changed to allow qualified professionals other than physicians to diagnose and treat patients.

Closing remarks were made by Bill MacLeod, Chief Executive Officer for the Mississauga Halton LHIN. It was reiterated that the MH LHIN is looking closely at the information and ideas generated at all of the IHSP Refresh Community Engagement sessions. Some ideas and areas of work that were raised at this session (and at others as well) involve the LHIN not necessarily taking the lead role, but instead partnering with other agencies or organizations that have a clear mandate and role in that area (i.e. partnering with Public Health units on health promotion and disease prevention initiatives). Bill concluded by thanking everyone again for taking the time to share their views and ideas.