

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

### Physicians' Forum / CME Event – June 1, 2009

*The LHIN invited physicians 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, May and June. Staff and members of the Board of Directors of the LHIN have been attending these sessions and listening closely to the feedback. The stakeholders' perspectives were an important part of the discussion with participants in the Citizens' Reference Panel in June, 2009.*

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

Enabling strategies:

- Primary health care
- eHealth
- Health human resources

### Mississauga Halton LHIN Health System Update

LHIN staff provided an overview of the LHIN role, the requirements for the Integrated Health Service Plan, and highlighted some key accomplishments in the LHIN:

- Increased supports in the community for seniors
- Progress on LHIN-wide clinical services integration
- Improvements in system performance
- Progress on integrating mental health and addictions services

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- Building momentum for a LHIN-wide Chronic Disease Prevention and Management strategy
- Engaging primary health care providers to improve response to system challenges

To provide additional context for the discussion to follow, LHIN staff also gave an overview of the LHIN environment, including:

- The LHIN population profile (projected growth and income, diversity, age, and education, compared with Ontario averages)
- The prevalence of medical conditions in the LHIN, with a focus on diabetes and on mental health and addictions
- A profile of primary health care in the LHIN, with a focus on physicians
- A summary of health service facilities and providers in the LHIN

## Proposed Priorities and Enabling Strategies for the Integrated Health Service Plan

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.***

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

- All of the priorities are appropriate. The key will be effective implementation. Implementation plans should make it clear who is responsible at each stage.
- Communication is key to improving access. Physicians need information about ancillary services so that they can pass that information on to patients. Regular information meetings for physicians would help to increase their knowledge about the services available.
- Patients should have an avenue for providing feedback about the health system, coordinated throughout the LHIN. This would create a body of information that would be useful for the LHIN's planning purposes.
- Information about medical services should be coordinated with information about social services to create "baskets" of services appropriate for individual patients.

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- Lack of transportation continues to hinder access to services for many patients.
- Physicians are aware that it is difficult to determine the services for which patients should pay versus the services that should be available to all free of charge.
- Palliative teams are providing a high level of compassionate care.

## **Enhancing seniors' health, wellness and quality of life**

- Excellent community support services and programs for seniors exist in the LHIN, but many family physicians do not know about them. Physicians would like to have a single, easily accessible source of information about these services. Walk-in clinics should also have access to such a directory.
- Community Care Access Centres need more resources to improve their ability to assist patients with the transition from hospital to home. For example, home support services should include the services of physiotherapists and dieticians. CCACs should use existing resources differently to provide services in a more individualized way.
- Time constraints hinder family physicians in verifying that their patients are doing well through home visits. Multidisciplinary teams to establish care plans for seniors could be explored as a way of providing more personalized care. The mental health sector's ACT teams could possibly serve as a model for this approach.
- Mobile services for seniors would help to overcome the challenge of lack of transportation.

## **Integrating mental health and addictions services**

- Integrating mental health and addictions services will help to build capacity in this sector.
- Mental health and addictions services should also be integrated with other services, and medical practices in this area should coordinate with other medical and social services involved with the patient.
- Mental health and addictions should be considered under all of the other priorities. Given that outpatient psychology services have been reduced throughout the province, many patients being treated for other conditions have unmet needs for mental health and addictions services.

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- As with other services, family physicians often do not know about all of the mental health and addictions services available in the community. [Note: During the meeting, LHIN staff distributed *Mental Health and Addictions Services: Mississauga/Halton LHIN*, published by the LHIN in June 2009 and available on the LHIN's website as well as in printed form.]

## Prevention and management of chronic conditions

- More resources should be allocated to prevention, including outreach and more patient education programs. Prevention programs should be linked to community programs such as services provided by parks and recreation programs. These programs should also link to transportation services to improve access.
- More follow-up is needed after patients are initially given information about managing their conditions. Diet and exercise are crucial in the ongoing management of diabetes, for example, but physicians can have difficulty finding nutritionists and fitness/mobility programs for their patients.
- Effective patient education reduces the risk of complications. Printed or online information will not reach all of the patients who need that information. Many patients need one-on-one advice about managing their conditions, and family physicians often do not have the time to provide this level of advice. A coordinated approach to patient education would help to meet this need. Coordinating with agencies serving diverse communities could also help to overcome language barriers to providing patient education.

## Primary health care

- The issue of hospital privileges for family physicians hinders patients' timely access to services when the patient must be referred by a specialist.
- Family physicians would welcome periodic information sessions on primary health care, facilitated by the LHIN.

## eHealth strategy

- Moving forward on eHealth, especially with respect to electronic patient records, would contribute to more seamless patient care and would save time for physicians. The immediate focus should be on

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resolving the privacy issues to pave the way for implementation. A “smart card” that goes with the patient was suggested.

- eHealth could be linked to a system for gathering patient feedback .

## Health human resources

- Family physicians would like to build capacity to advocate for their patients about quality of care.
- There should be a system for monitoring the quality of care provided by Personal Support Workers.

The meeting concluded with a description of the overall consultation process and schedule leading to the new Integrated Health Service Plan. LHIN staff thanked the participants for taking the time to contribute their perspectives and reiterated the LHIN's commitment to continue engaging physicians in the activities and decision-making processes of the LHIN.