Erie St. Clair LHIN Community Engagement Roll-Up

Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario

Ontario
Local Health Integration Network

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Introduction: Erie St. Clair LHIN Community Engagement Roll-Up

Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario

On December 17, 2015, the Ministry of Health and Long-Term Care released *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, a discussion paper that outlines significant structural changes to the health system.

The discussion paper focuses on four interconnected and overarching themes that will inform ministry policy and program decisions moving forward.

1. More effective integration of services and greater equity.
2. Timely access to primary care, and seamless links between primary care and other services.
3. More consistent and accessible home and community care.
4. Stronger links between population and public health and other health services.

Recognizing that, if implemented, these changes will affect the delivery of health care for all Ontarians, the Ministry sought public input. In addition to directly engaging with stakeholders including providers, patients and caregivers, the Ministry has asked the LHINs to engage health system users at the local level to collect feedback on the ideas presented and how to make LHINs and our health care system more integrated, accessible and better for patients.

Community Engagement

The following report summarizes the Erie St. Clair LHINs' (ESC LHIN) key finding from 6 weeks of community engagement. The ESC LHIN spoke directly with over 300 people in the community and received over 130 completed surveys. The ESC LHIN engaged with a wide range of stakeholders, including:

- Health service providers
- Primary care providers
- Elected officials
- Public health
- Indigenous communities
- Francophone communities
- Members of the public
- Other partner organizations

More effective integration of services and greater equity

a) Standards, Values, and Principles

People expect the health care system to provide the best quality of care, while also ensuring it is delivered with the highest degree of integrity. There is an expectation that the health care system, and health care providers, uphold a set of core values including respect, honesty, and inclusion.

b) Access, Navigation, and Information Sharing

Our health care system is fragmented and people have difficulty finding their way to services. There is frustration with transitions from one care provider to another, often leading people to become lost in the health care system.

There is a clear desire for a coordinated system that works together to help patients achieve the best health outcomes possible. This includes having access to comprehensive care at the start of the patient journey and all the way to completion – with follow-up touch points in between.

c) Technology

Technology has been identified as a key component to effectively create better integration of services and improve equity for all residents. There is a broad understanding across all health providers and stakeholders that technology-based tools, such as the Electronic Medical Record, will be essential for streamlining our health care system.

d) Engagement

During all of the discussions about our health care system, the theme of wanting ongoing engagement was clearly communicated. People want to ensure that we are engaging them every step of the way, and there is "no decision about me, without me".

e) LHINs structure and funding

There is a great deal of discussion about how the LHINs should be structured, how health care funding should be aligned, and most importantly, how people must be the focus of the system. Creating health care equity and eliminating gaps in service is seen as the LHINs most important work. By aligning resources and infrastructure, the LHINs can strive to create a sustainable health care system that delivers the best care possible.

f) Measurement and data

Measurement is a core component of LHIN work. It informs decision-making and helps to provide insights into community health trends.

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

a) Navigation Challenges and Opportunities

People struggle with navigating the health care system and frequently have concerns about becoming lost as they transition from one care provider to another. The most common suggestion of how to resolve this problem centres on creating the roll of a system navigator:

> "Someone who is able to be the knowledge master, who knows where everything fits in when there's a problem and they know how to go through the system."

b) Lack of Flexibility to Meet Patients Needs

In order to create a health care system that is people-focused, it will be important to develop a system that has the flexibility needed to match each person's unique situation.

c) Access to Primary Care and Specialists

Concerns were raised regarding the health care systems' ability to provide timely and flexible options for patients to access both primary care and specialists. As a result, more people default to using hospital emergency departments.

d) Expand Health Providers Scope of Care

In order to help provide more options for people to access general primary care and create a more flexible health care system, there were many suggestions about allowing for expanded nursing and Nurse Practitioner roles.

e) Continue to Create Health System Equity

Equity means different things to different people. To some it is a focus on equal distribution of services across all communities, to others, it is a focus on providing fair access to services based on population needs. The one common thread that binds these two perspectives together is the overall desire to continue to strive towards system improvements through the lens of the patient.

f) Collecting and Understanding Data

There is an overall desire to see an improvement in how primary care providers are measured. There is a hope that by using clear metrics, the data collected can be reported in a meaningful way so that people will be able to see improvements across the system.

g) Understanding Local Community Barriers and Challenges

Primary care providers must work closely with communities and community leaders to understand and improve health outcomes for residents. By working together, trust can be further established. This will enable barriers to be broken down and meaningful communication pathways to be created.

h) Public and Provider Education

Both members of the public and primary care providers indicated that there are significant advantages to providing information and education on how the health care system works. By increasing the health system literacy level for all stakeholders, it will help everyone to understand opportunities available as well as set reasonable expectations.

i) LHINs Role in Primary Care

There is an expectation that if the LHINs became more closely integrated with primary care providers, that they would be tasked with creating a more streamlined health system based on measurable targets. This would result in greater health care consistency, increased reporting transparency, and more open dialogue amongst all stakeholders.

More consistent and accessible home and community care.

a) Questions and concerns about the proposed changes to the CCAC and what it may mean for community care

There was a great deal of concern about how the proposed changes to the CCAC, and potential elimination of the organization, may impact people receiving services today and in the future. While the model is still in a development phase, what is clear is that people are interested to be a part of the change process.

b) Suggestions on how to optimize care delivery to make it more standardized and consistent

There was a wide range of suggestions and ideas on ways to improve care delivery in order to make it more consistent. This included looking at local provider-based options for individuals, up to system-wide changes that would impact all of Erie St. Clair.

c) Wait times are a challenge

We have heard wait times for both hospital and community services are a challenge, but this provides us with a key metric on which we can measure system improvements.

d) Indigenous and Metis communities have a mixed relationship with the CCAC

Indigenous and Metis communities have indicated that they have unique needs that must incorporate traditional medicine, western medicine, and their cultural values. Overall it was identified that relations with the CCAC are positive, but it can at times create a dynamic which makes care delivery challenging.

e) Concerns with the care provided by the CCAC

While overall much of the feedback about the CCAC and other community agencies was positive, there were concerns about a lack of clear communications, inconsistency of services, and the need for increased flexibility in care delivery.

f) Ensuring consistency of metrics and data

One way to ensure that there is consistency in service delivery is to develop baseline metrics that are patient-focused. This will help to ensure that quality care is being provided to all residents.

g) Support, Concerns, and Opposition to LHIN/CCAC merger

Overall change is welcomed, especially if it seeks to deliver more funding for front line services. However, there are cautious concerns about the potential impact on the communities.

h) Engagement and education is important for success

Continual, ongoing, and informative engagement is essential to ensure that people feel they are a part of the ongoing health care changes. As part of the engagement process, an educational component needs to be included so that both the public and health service providers are able to have informed, and culturally-appropriate discussion.

i) Keys to success

Success must be driven by using the expertise that lies within each community. In order to ensure that a successful cultural shift will occur, community-focused solutions are essential.

j) Gaps in services

There were many gaps in community-based services identified, including: mental health and addictions, transportation, home care services, and palliative and hospice care. The changes proposed by the province are seeking solutions that will enhance community-based services in order to eliminate these gaps.

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

a) Opportunities of formal links between public health and LHINs

The opportunity to integrate Public Health closer into the health care system is generally seen as a positive step towards improvement. This integration will help to eliminate information silos and will strengthen the delivery of care.

b) Challenges of formal links between public health and LHINs

While the overall feeling of creating a formal link between public health and the LHINs is positive, there are concerns about the political, structural, and funding barriers that exist. Public health receives direction for a variety of stakeholders and clear lines of authority may prove challenging.

c) Engagement and Information Sharing

As public health becomes more formally connected with the LHINs, there are opportunities for more information sharing and greater engagement with health service providers. This will result in better opportunities for transparency across agencies and with patients.

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