

## Summary of “Patients First” Engagement Sessions

### March 2016

To gain feedback on the proposed changes in the discussion paper *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, the LHIN travelled to each proposed sub-region to hear from residents – including sessions in London Middlesex (London), Elgin (St. Thomas), Huron Perth (Stratford), Oxford (Woodstock) and Grey Bruce (Owen Sound). All feedback gathered both online and in person was submitted to the Ministry of Health and Long-Term Care on February 29, 2016.

### Public Consultation Summary

Total participation: 163 people in attendance and 17 online submissions.

- All sectors were represented with broad attendance from the public, health service providers, governance, volunteers, elected officials and media.

Evaluation feedback (67% response rate)

- 86% learned something new
- 93% felt they had an opportunity to ask questions and discuss important issues.
- 93% felt their time was well spent

### What we heard

#### Connect different parts of the system

- Participants shared the unique characteristics of their individual geographies such as transportation challenges, access to primary care and services, and the differences between urban and rural communities.

#### Primary care

- Ensure the entire range of professionals are used to the full scope of their practice and are integrated and working seamlessly with primary care.
- Create consistency both for providers and the process.
- More choice so the system is more transparent, coordinated and upfront so that people access their own health records, schedule their own appointments, choose where they want to receive care and know how long they have to wait.
- Better access to mental health support by including it with primary care.
- Equitable distribution of services with better coverage throughout the geography including rural areas.
- One database across all sectors to offer providers access to real-time patient information.
- Patient education where people know all the services available to them.
- Access to after-hours care (regardless of funding model) and flexibility around same day/next day access
- Understand unintended consequences of current physician compensation models and work to address them.

### Home and community care

- Public education to provide information about public and private services that are available, eligibility criteria and how to access them.
- A single point of contact to be responsible for the person and family.
- More support navigating transitions (eg. hospital to home, young disabled to adult etc.)
- Ability to remain in rural communities with support.
- Help with co-payments when not affordable to the individual or family.
- More caregiver support including respite care.
- Fewer agencies providing care to one person or family.
- Cross-sector care where all providers (community, long-term care, primary care) have real-time access to information especially when a person is in hospital.
- Equitable access and consistent experience, training and standards of care regardless of geography and time of year.
- Better communication and the ability to control your care, so people know what to expect, who will provide the care, when people come and why.
- Streamline the assessment process to save questions and avoid errors and duplications
- Fewer layers of administration with an emphasis being on improving local access.
- More community hubs for activities, services and health care.

### Public Health

- Broader education of public health is needed, better understanding that population outcomes do not always translate to individual health outcomes and the impacts of social determinants of health.
- Health promotion and disease prevention are critical but difficult to measure because they require long-term assessment of effect.
- Leverage public health programs for prevention/management and dentistry.
- Unify approaches between hospitals, public health, and primary care.
- Better communication between public health and providers, e.g. public health records on immunizations shared with primary care
- Work together as a system to communicate and share information to help patients (eg. immunization records,
- Use public health data to help understand populations across the geography.
- Engage municipalities regarding the potential changes
- Bring public health into primary care to take advantage of the relationship between patient and family physicians and allied health professionals to build health promotion and prevention knowledge in a meaningful way.