



**Bill 41, Patients First**  
**Networking and Information Session**

Listowel, Ontario

November 15, 2016

Lori Van Opstal, Board Vice Chair and Michael Barrett, CEO, South West LHIN

# Objectives

- Provide background on Local Health Integration Networks
- Share our vision for integrated care at the local level
- Offer an overview of work underway to support Patients First
- Listen to you – Answer your questions

## Agenda

- 6:00 p.m.            **Welcome and introduction**  
*Lori Van Opstal, Board Vice Chair, South West LHIN*
- 6:05 p.m.            **Presentation: *Patients First***  
*Michael Barrett, CEO, South West LHIN*
- 6:25 p.m.            **Local presentation: Providers working together differently**  
*Sue McCutcheon, Health Link Program Lead, South West LHIN*
- 6:40 p.m.            **Questions from large group**
- 6:55 p.m.            **Discussion session, opening remarks**  
*Lori Van Opstal, Board Vice Chair, South West LHIN*
- 7:00 p.m.            **Table discussions**
- 7:40 p.m.            **Report back to group**
- 7:55 p.m.            **Closing comments**
- 8:00 p.m.            **Adjournment**

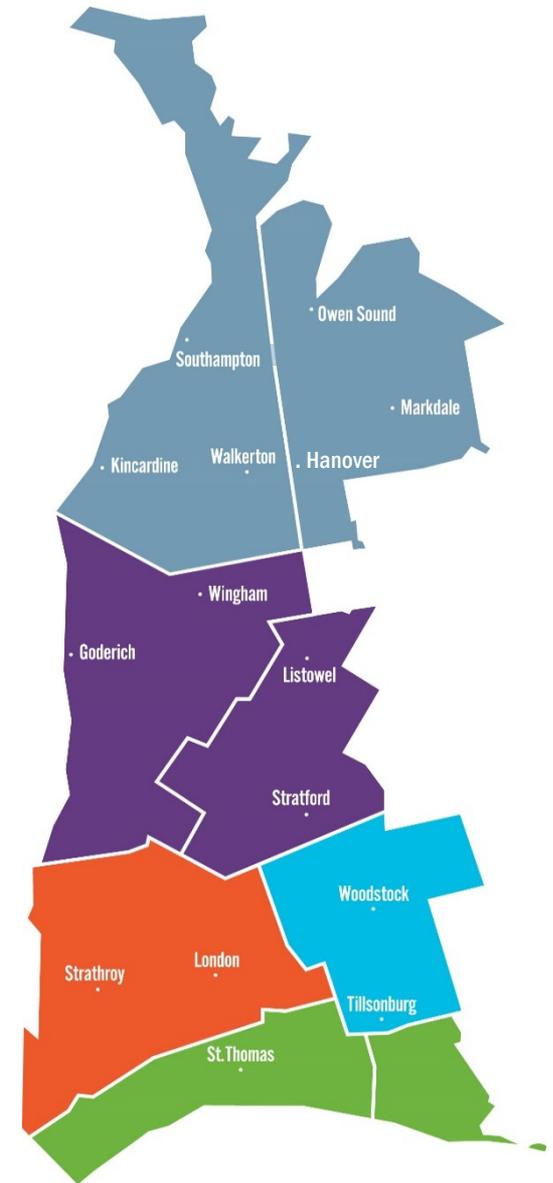
# Local Health Integration Networks (LHINs)

- Established by the Ministry of Health and Long-Term Care in 2005
- 14 LHINs covering 14 geographic regions in Ontario



# South West LHIN Overview

- One of the largest LHINs – almost 22,000 km<sup>2</sup>
- 924,000 people (7.5% of Ontario's population)
- Significant rural population with many small communities
- Large urban population within City of London
- Large proportion of seniors
- Small proportion of immigrants
- 5 First Nations communities
- French Language Services designation



# Overview - LHINs

## What's in?

- Hospitals
- Community Care Access Centre
- Community Support Service Agencies
- Mental Health and Addictions Agencies
- Community Health Centres
- Long-Term Care Homes

## What's out?

- Physicians and Clinics
- Ambulance Services (emergency and non-emergency)
- Laboratories
- Provincial drug programs
- Public Health Units

# Health Service Providers in the South West LHIN

- 19 public hospitals (33 sites) and 1 private hospital
- 1 Community Care Access Centre
- 54 Community Support Services Agencies
- 30 Mental Health and Addiction Agencies
- 5 Community Health Centres
- 78 Long Term Care Homes

## Other providers

- Over 600 actively practicing family physicians
- 19 Family Health Teams
- 7 Public Health units

# South West LHIN Board of Directors

- Governed by a 9-member Board of Directors  
*Appointments made by the Order in Council (OIC)*
- Public Board meetings are held across the South West LHIN
- The South West LHIN has recruited for Board Directors whose terms expire over the next year.

---

Jeff Low, Chair (**London**)

Andrew Chunilall (**London**)

Glenn Forrest (**London**)

Leslie Showers (**St. Marys**)

Wilf Riecker (**Port Stanley**)

Lori Van Opstal, Vice Chair (**Tillsonburg**)

Aniko Varpalotai (**Southwold**)

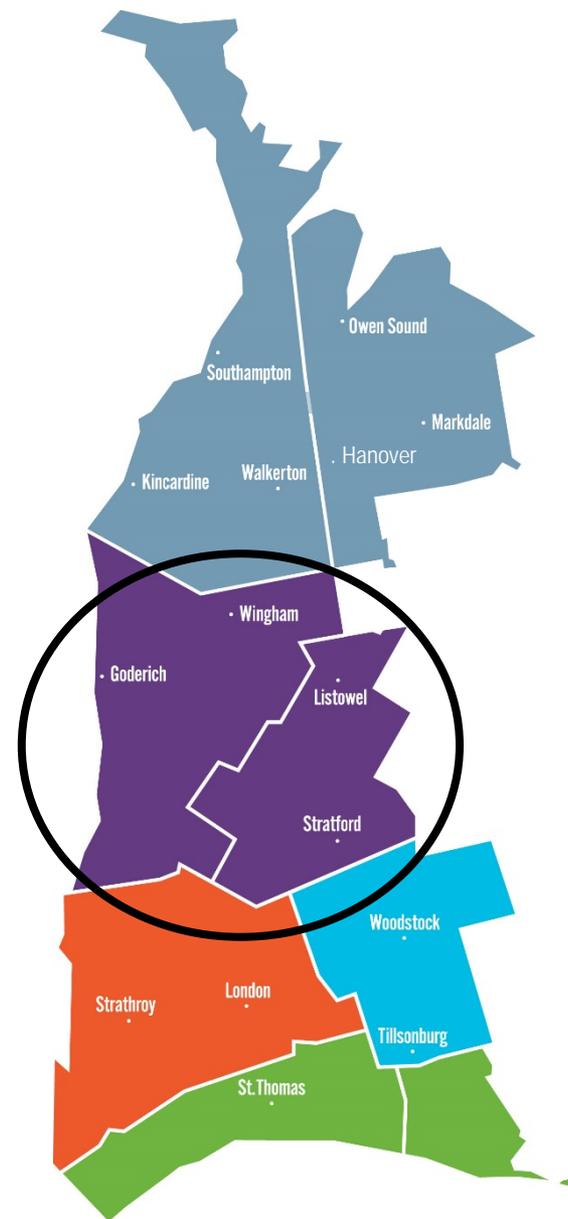
Barbara West-Bartley (**Wiaraton**)

**One vacancy**

*Staff complement of 49*

## Huron Perth

- 8 Hospitals
    - Alexandra Marine and General Hospital
    - Huron Perth Health Alliance
      - Clinton Public Hospital
      - Stratford General Hospital
      - St. Marys Memorial Hospital
      - Seaforth Community Hospital
    - Listowel Wingham Hospitals Alliance
    - South Huron Hospital Association
  - 14 community support services
  - 19 Long Term Care Homes
  - 6 mental health and addictions programs
  - 1 CCAC (for whole LHIN)
- 
- 2 Public Health Units
  - 101 active family physicians
  - 9 Family Health Teams



## Facts to consider when planning in Huron Perth



- 5,905 patients have four or more co-morbidities (5.4 per cent).
- Just more than 15.1 per cent of the population is over 65.
- 0.5 per cent the population is Indigenous.
- There is significant Amish/Mennonite community.
- Median household income is \$56,375 with 23.7 per cent of the population living under the low-income cut-off.
- 80 per cent of primary care physicians are affiliated with a team-based practice

# Patients First Journey

# The Provincial Patients First Action Plan



**Patients First:**  
Action Plan  
for Health Care

# The need for continued improvement

Despite the progress we have made over the past ten years, we still need to do more to ensure the health care system is meeting the needs of Ontarians.

1

Some Ontarians are not always well-served by the health care system.

2

Many Ontarians have difficulty seeing their primary care provider when they need to, especially during evenings or weekends.

3

Some families find home and community care services inconsistent and hard to navigate; family caregivers can experience high levels of stress.

4

Public health services are disconnected from parts of the health care system; population health not a consistent part of system planning.

5

Health services are fragmented in the way they are planned and delivered; fragmentation can affect the patient experience and can result in poorer health outcomes.

# PATIENTS FIRST

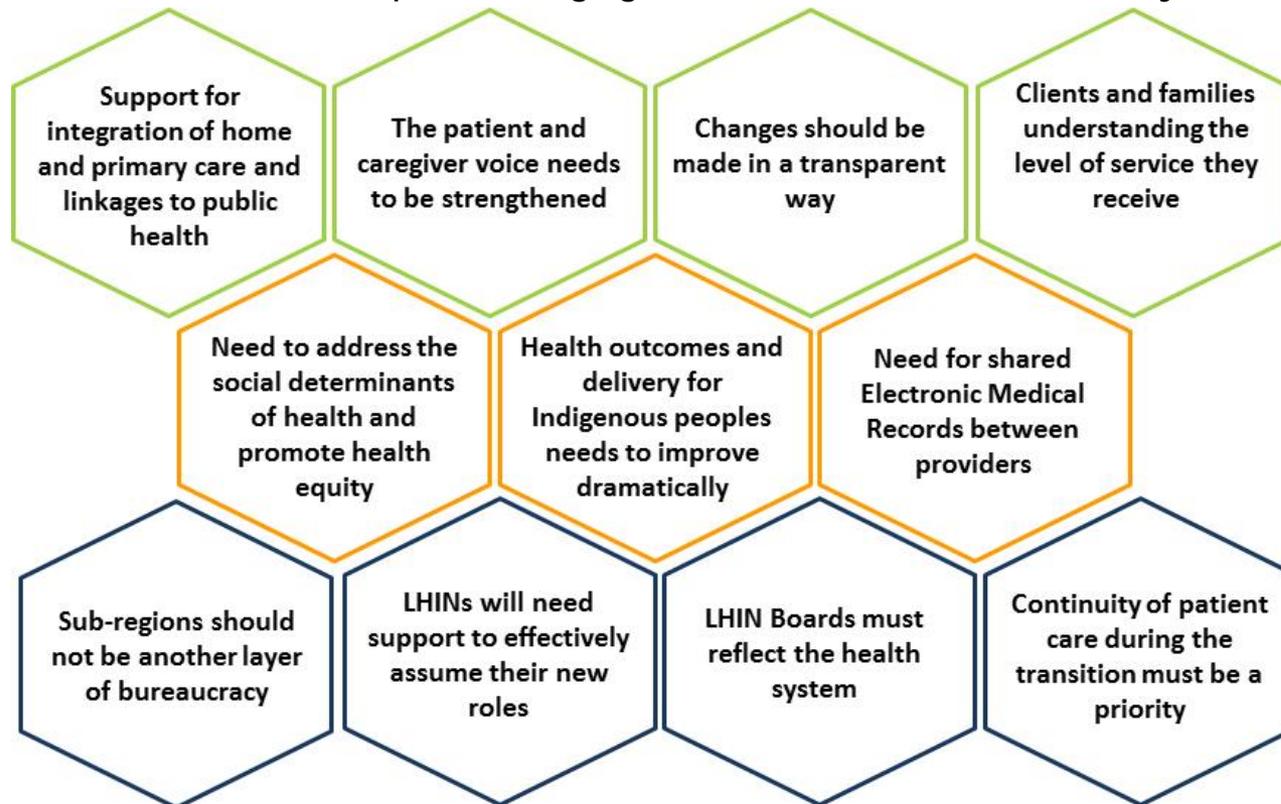
A PROPOSAL TO STRENGTHEN  
PATIENT-CENTRED HEALTH CARE  
IN ONTARIO

DISCUSSION PAPER  
December 17, 2015



## Consultation and engagement: key provincial themes

- Ministry and LHINs held engagement sessions with stakeholders, and gathered feedback and ideas on the proposal.
- More than **6,000** individuals and organizations were consulted – in 6 ministry-led and nearly 250 LHIN-led regional sessions.
- The South West LHIN held 5 public engagement sessions in February 2016.



# PATIENTS FIRST

REPORTING BACK ON THE PROPOSAL  
TO STRENGTHEN PATIENT-CENTRED  
HEALTH CARE IN ONTARIO

JUNE 2016



## Proposed in Bill 41, *Patients First Act, 2016*

- Sub-regions become a focal point for integrated service planning and delivery.
- The CCACs assets, employees and service provider contracts would be transferred to LHINs.
- Some primary care models would be added as health service providers (ie. Family Health Teams).
- Each LHIN have at least one patient and family advisory committee.
- LHINs would have additional responsibility for planning of physician resources, physicians would continue to be funded through the ministry.
- Formal links established between Boards of Health and LHINs.
- Continued dialogue with Francophone and Indigenous communities in system planning and services, in particular equitable access to services that meet their unique needs.

## Bill 41, *Patients First Act*, 2016

- The *Patients First Act* was reintroduced on October 6, 2016 into the Legislative Assembly.
- The overall direction and intent of Bill 41 remains unchanged from the original Bill 210 which was introduced on June 2, 2016.
- However, there are changes between Bill 210 and Bill 41.
- Changes have come as a result of feedback received from system partners:
  - “Directive Power” of LHINs is no longer applicable to hospitals.
  - If LHINs appoint an investigator, notice must be given to Minister and HSP.
  - Ability to deem a Service Accountability Agreement if one cannot be successfully negotiated.
  - Potential LHIN powers for primary care require proclamation, and do not automatically come into force should Bill pass.
  - Changes to “Voluntary Integration” – allows LHINs to stop the clock.

## Status of Bill 41 in the Ontario Legislature

- The Standing Committee on the Legislative Assembly is currently considering *Bill 41, An Act to amend various Acts in the interests of patient-centred care*.
- The committee is holding public hearings in Toronto on November 14, 16, 21 and 23, 2016.
- The committee will meet for a clause-by-clause review of the bill on November 30
- The Bill could be reported back to the Legislature as early as December 1
- The Legislature recesses on December 8
- [Updates are available on the Legislative Assembly of Ontario website](#)

# Implementation: Work Streams

The ministry and LHINs are currently engaged in active planning for the successful implementation of Patients First through **sixteen work streams** that address **priority areas of implementation planning**.

<p><b>1. Governance:</b> Develop a common governance model that reflects the proposed expanded role of LHINs</p>	<p><b>9. Home and Community Care:</b> Develop a plan and supports to enable LHINs to take on the delivery of home and community care</p>
<p><b>2. Management:</b> Develop a common management structure to ensure the right management capacity is in place</p>	<p><b>10. Work force:</b> Develop a plan to successfully transition to an integrated LHIN-CCAC workforce</p>
<p><b>3. Shared Services:</b> Develop an approach to shared services for the LHINs that streamlines back-office functions, reduces duplication and leverages other administrative efficiencies</p>	<p><b>11. Performance and Data:</b> Develop the systems and data needed to publicly report on and improve system-wide and local performance.</p>
<p><b>4. Capacity-building and Readiness:</b> Support the LHINs in assessing their readiness for, and building capacity to enable a smooth and seamless transition</p>	<p><b>12. Public Health:</b> Support a stronger population health focus in health system planning</p>
<p><b>5. Sub-Regions:</b> Formalize LHIN sub-region geographies as a focal point for integrated service planning and delivery.</p>	<p><b>13. French Language Services:</b> Support access to culturally and linguistically appropriate services in the LHIN and sub-regions.</p>
<p><b>6. Clinical Leadership:</b> Develop a clinical leadership model for the LHINs and their sub-regions to enable integration.</p>	<p><b>14. Indigenous Engagement:</b> Support LHIN indigenous engagement locally, aligned with provincial strategies.</p>
<p><b>7. Integrated Clinical Care:</b> Create a mechanism to develop and spread clinical standards and set performance targets for key areas of the health system.</p>	<p><b>15. Patient and Family Engagement:</b> Support the creation of a standard mechanism for meaningful patient and family engagement at the local level</p>
<p><b>8. Primary Care:</b> Develop LHIN and sub-region primary care programs and supports to enable the LHINs to plan for and better integrate primary care in the local health system.</p>	<p><b>New 16. Change Management and Communications:</b> To develop and implement a comprehensive LHIN Renewal Change Management Strategy and effective communications.</p>

*NOTE: All work stream deliverables are dependent on passage of Bill 41 by the Ontario Legislature.*

# From Proposed Transition to Transformation

If passed, external consultant engaged with LHINs on readiness assessments, including developing capacity-building plans for proposed transfer of CCAC responsibilities

If passed, LHINs conduct capacity-building activities to address any gaps in readiness

2017

October November December January February March April

T-Day

100 days post-T-Day

12 months post-T-Day

Sub-region engagement with primary care and health system partners to:

- Create a shared understanding of how to implement coordinated/integrated care in sub-regions, and
- Create a sub-region model to support this work

LHIN and CCAC preparing to transfer CCAC responsibilities and employees to the LHINs.

Legislation Introduced

LHINs would continue to work with primary care providers and other health system partners to build the capacity, structures and priorities that provide patient-centred care in the sub-regions.

**Under proposed legislation, no disruption in patient care**

If passed, CCAC responsibilities would be transferred using a phased approach. Initial focus: successful transition of CCAC responsibilities (5-8% savings) All CCAC employees transition to the LHIN and new organization solidified.

Opportunity would continue to inform and influence models/structures that are developed.

New models/relationships would evolve from ongoing engagement with health system partners including primary care.

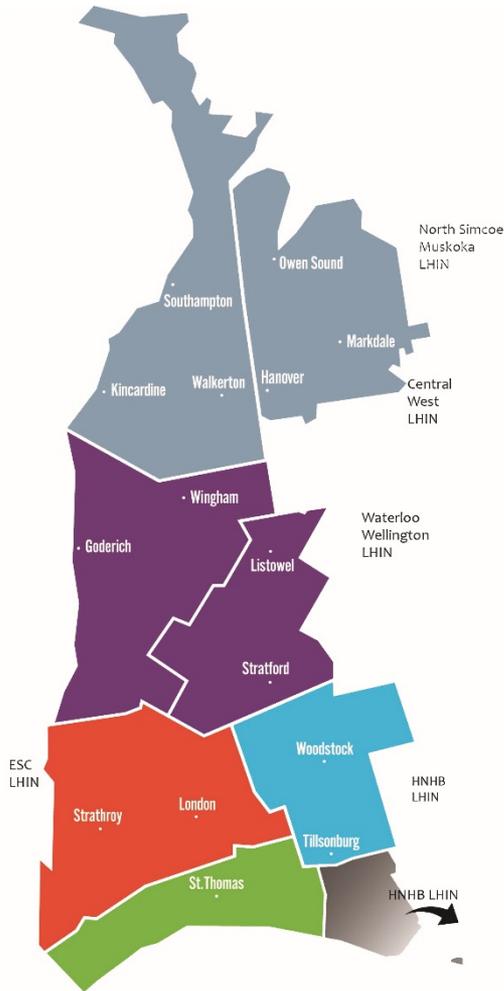
## Legend

 LHIN-led activity

 Consultant-led activity

## Sub-region geographies

A key feature of the *Patients First* proposal and a key focal point for strategic and implementation planning.



### What is a sub-region?

Local geographies within LHINs

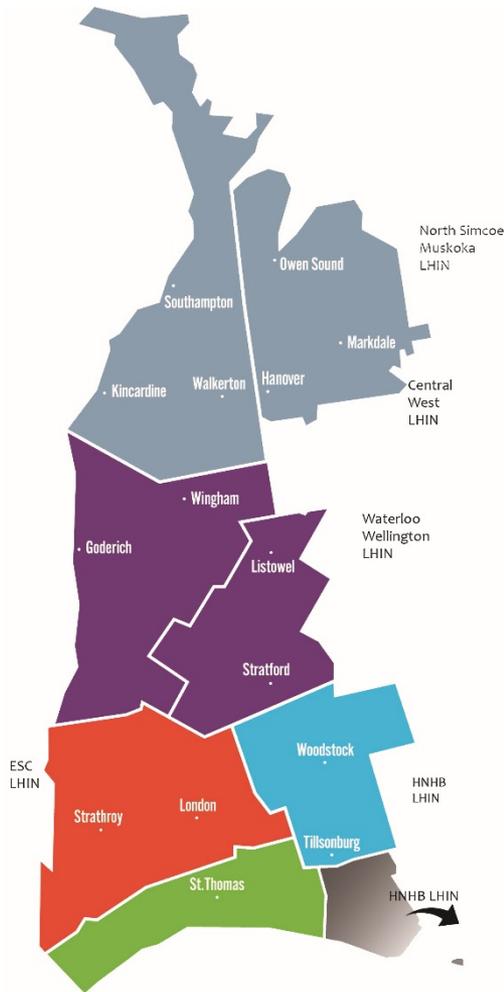
### Why are they needed?

They allow LHINs to better plan, integrate, and improve the performance of local health services. They also have the potential to better identify and capture diverse population needs – be they cultural, linguistic, or otherwise – and to help our health care system better respond to these needs.

### Where are the sub-regions in the South West LHIN?

We have identified five sub-regions that follow county boundaries: Elgin, Oxford, London Middlesex, Huron Perth and Grey Bruce.

## Sub-region geographies (cont'd.)



### How were they identified?

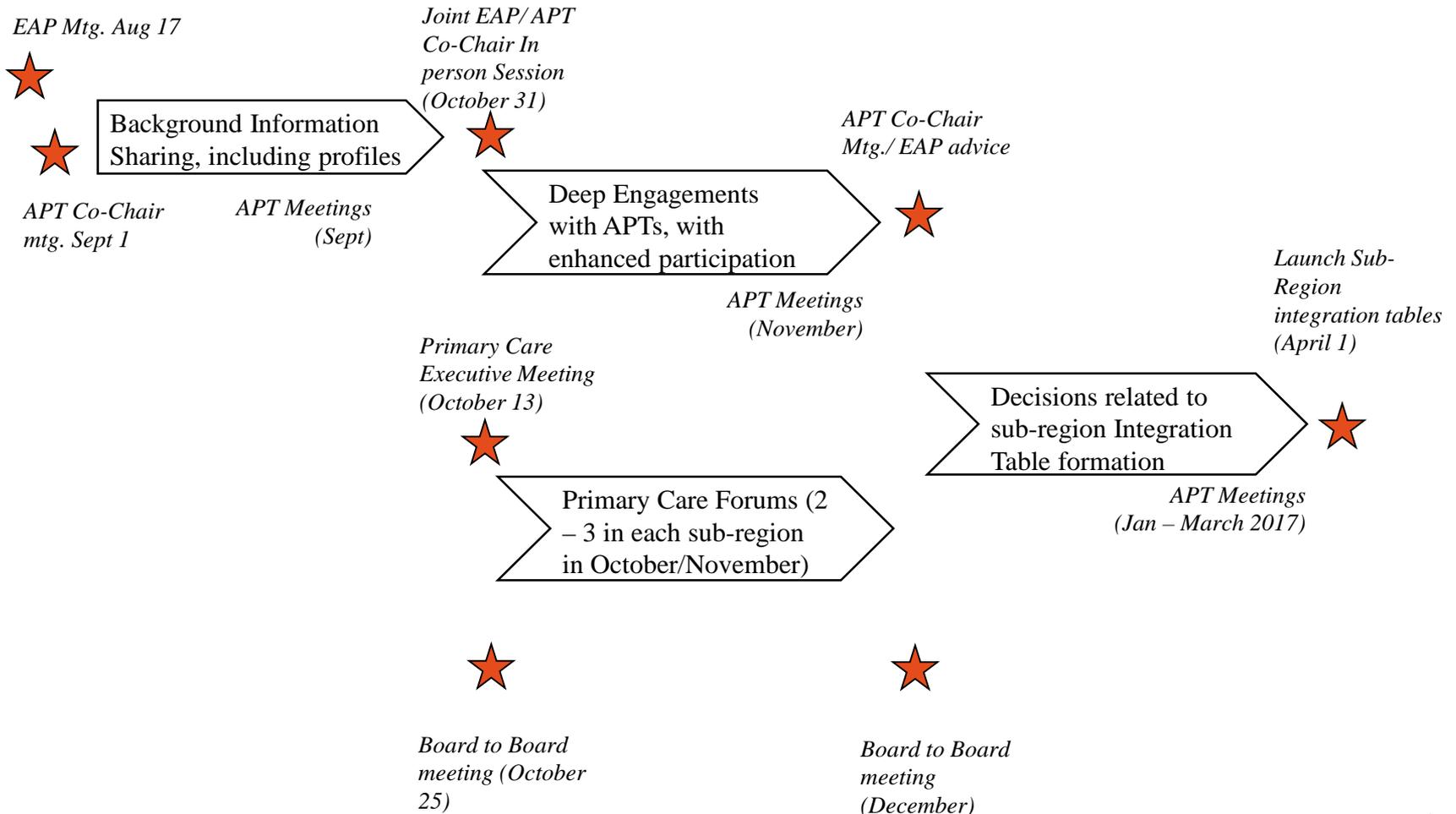
Sub-region geographies are not a new idea. The sub-regions were identified based on the strong history of collaboration within the LHIN, consultation with local health service providers, and patient referral patterns, including information that was available when developing the Health Links coordinated care planning approach to better serve residents with high care needs.

### What is happening now?

Each sub-region has a strong history of planning together, sharing resources and training opportunities, and working on common issues. While a sub-region approach to health service planning and evaluation has been in place for several years, the South West LHIN is now formalizing the sub-region geographies to allow for more integrated planning at the local level and to support provincial priorities related to the Patients First: Action Plan for Health Care.

# Engagement and planning underway for South West LHIN sub-regions

## Sub-region integration table development



## Engagement and planning underway for South West LHIN sub-regions

- While the draft legislation makes its way through the legislature, the South West LHIN continues its work on its sub-region geographies.
- Engagements across the LHIN as part of the November area provider table (APT) meetings to obtain guidance on the overarching vision, principles and core functions for the patient and family advisory committee, the Health System Renewal Advisory Committee, and sub-region integration tables.
- LHIN held a full-day meeting with Executive Advisory Panel members and APT co-chairs on October 31 to solicit advice on sub-region development.
- Family physicians and nurse practitioners delivering primary care have also been invited to attend one of 11 sub-region primary care forums in their own areas to discuss local primary health care.
- The Board-to-Board Reference group will be engaged in December to discuss the role of governance in the sub-regions.

## Keeping stakeholders and partners informed of progress

*Successful engagement happens at many levels and at a key points throughout this work*

**The South West LHIN** will continue to engage and consult with patients, caregivers, health services providers, primary care providers, stakeholder associations, Indigenous peoples, Francophone communities, and other system partners including

- ongoing sub-region engagement
- regular updates, webinars and presentations on work underway to health system partners, elected officials, groups, networks and committees
- resources including videos, presentations, and background information posted regularly to the South West LHIN website ([southwestlhin.on.ca/patientsfirst](https://southwestlhin.on.ca/patientsfirst))

Providers working together differently  
*Sue McCutcheon, Health Link Program Lead,  
South West LHIN*

**HealthLink**

South West Health Links York Region

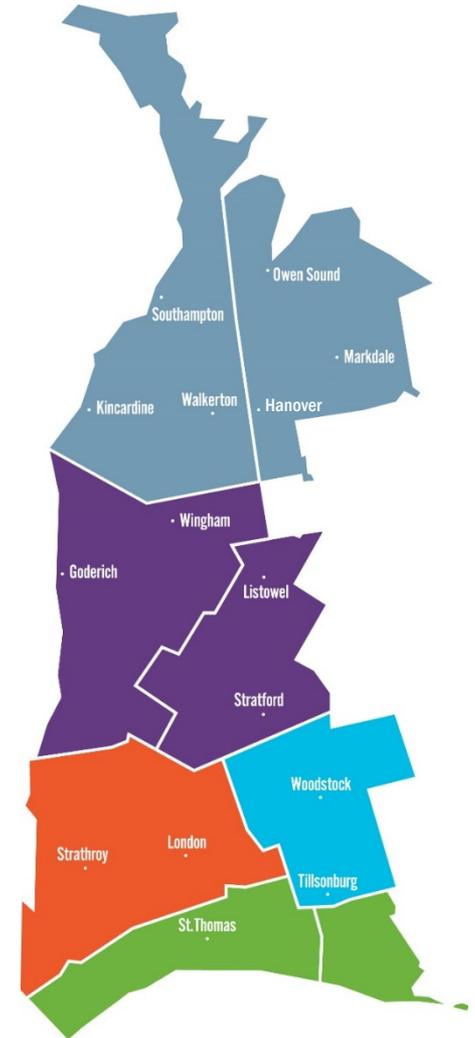
Let's Make Healthy Change Happen



# The Health Links Approach to Coordinated Care Planning in Huron Perth: *Working Better Together*

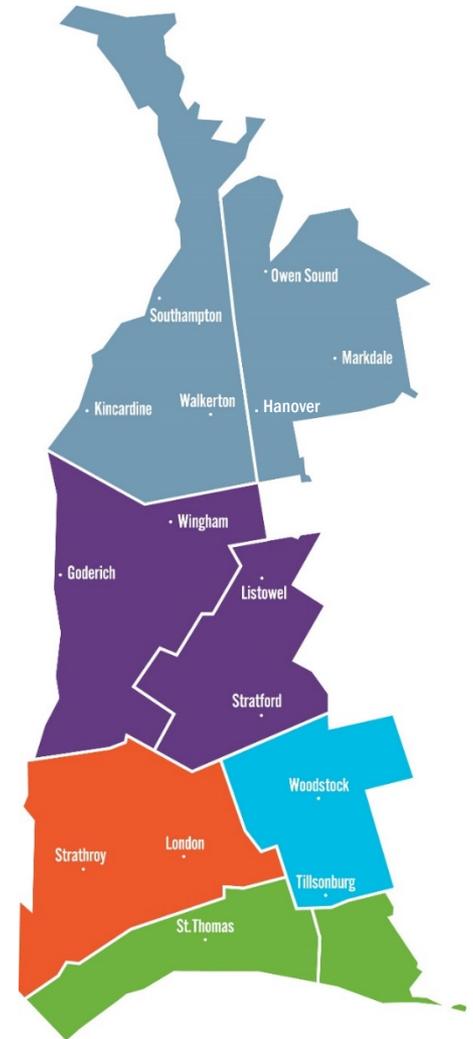
# Coordinated Care Planning in Huron Perth

- **Better care** for people with many health care needs
- Everyone involved in an individual's care knows **what is important** to him/her
- Everyone involved in an individual's care **knows what the plan is**



# Coordinated Care Planning in Huron Perth

- There are approximately **5,905 people** in Huron Perth who might benefit from a coordinated care plan.
- To date, partners have **worked together with 170 people** to coordinate their care.
- The Huron-Perth health link approach is well established and a strong supporter of integrated, coordinated care planning.





**QUESTION &  
ANSWER**

Lori Van Opstal, Board Vice Chair  
Michael Barrett, CEO



# DISCUSSION

Lori Van Opstal, Board Vice Chair

## Discussion Questions

- What had real meaning for you from what you heard today? What do we need more clarity about?
- Who else serves the same people you are serving? What partnership opportunities do you see for contributing to an integrated system of care going forward?
- How can we support each other in taking the next steps? What unique contribution can we each make?

For more information please visit  
[southwesthin.on.ca/patientsfirst](https://southwesthin.on.ca/patientsfirst)



@SouthWestLHIN



SouthWestLHIN



SouthWestLHIN

southwesthin.on.ca



**Ontario**

Local Health Integration  
Network



## MISSION

*The South West LHIN is accountable for bringing people and organizations together to build a health system that balances quality, access and sustainability to achieve better health outcomes.*



## VISION

*A health system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren.*

## CONTACT US

South West Local Health Integration Network  
201 Queens Avenue, Suite 700  
London, Ontario N6A 1J1  
Toll-free: 1-866-294-5446



@SouthWestLHIN



SouthWestLHIN



SouthWestLHIN