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## **PATIENTS FIRST: A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO**

### **A SUMMARY OF RECURRING THEMES DURING THE CONSULTATIONS**

In December 2015, the Ministry of Health and Long-Term Care released *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario*. This discussion paper outlines several proposals for change and continued transformation in the health care system including changes to the mandate and accountability relationships of the Local Health Integration Networks (LHINs). LHINs were asked to lead a public consultation process related to the discussion paper and to collate feedback from consultations for submission to the Ministry by February 29, 2016.

The Central LHIN hosted 13 engagement sessions between January 20 and February 23 2016. Seven of these sessions were designed to engage the public and six of the sessions engaged Central LHIN Health Service Providers including primary care physicians. A variety of engagement methods were used in these sessions including World Café, facilitated discussion, webinar and focus groups. Over 250 individuals were engaged in this process. Many who were unable to attend submitted feedback to the Ministry of Health and Long-Term Care through the link on the Central LHIN website.

***The Central LHIN would like to extend appreciation to all those who took the time to attend the sessions and/or provide feedback.***

**Although there were varying perspectives shared, the following themes were generally consistent:**

- There is strong support for true transformation and integration of the health care system and general support for the changes outlined in the discussion paper.

- There is support for changes in CCAC services, with questions about whether the transfer of accountability for service delivery to the LHINs will constitute a real change and what the LHINs will do differently.
- Support for more focus and integration of planning and services related to social determinants of health, race, language and culture; in particular the need for mobile Francophone health services.
- More education is needed to help people understand when and how to access the system.
- Support for the LHIN sub-region model with some questions about the correct number of LHIN sub-regions for Central LHIN. Some felt six might be too many, but generally the model was supported.
- Awareness of, and some concern about the challenge of finding the right balance between standardization and local flexibility.
- Significant concern about the availability of affordable and accessible transportation and mental health services.
- An acknowledgment of the significant need for accessible health care services for seniors accompanied by a call to not lose the important focus on children's services in the transformation.
- Support for better integration between public health and other health services and for increased knowledge about the role of public health. Concerns were expressed related to the proposed accountability relationship with the LHIN.
- Structural changes and clear accountability are needed to drive system-wide improvements. There is a strong need for increased accountability to the communities within the LHIN.
- There was generally a low level of knowledge among the general public with respect to the LHIN's function within the health care system.
- While attendees appreciated the consultation sessions, it was felt that the time allotted was sometimes not sufficient to address all concerns and questions.

### **Funding and Enabling Resources**

- Information Technology infrastructure was expressed as critical along with suggestions that further changes toward a single Electronic Medical Record (EMR) ought to be funded. Views were expressed that the Ministry should refrain from accepting the use of paper charts.

- Concern that the proposed transformation will not address the fundamental challenge in Central LHIN related to lack of CCAC funding. Strong support that levels of funded services require augmentation and equalization across regions.
- Support for funding to come to the LHINs along with the expanded accountability.
- A call to leverage existing resources more effectively, such as utilizing Francophone schools to co-locate Francophone health services.

### **Primary Care**

- Support to enable/require physicians to share their data in order to make system change.
- Support to address privacy issues felt to be critical. There were concerns that privacy is often used as a barrier to prevent change.
- Support for integration of health services around primary care and for “one stop shop” models of care such as Family Health Teams (FHT) and Community Health Centres (CHCs).
- Concern raised that some FHTs do not have sufficient resources to share without diluting their own effectiveness in supporting the current size of their team.
- Strong concerns registered that the resources for FHTs are not equitable across the system and that an inventory/assessment needs to occur to understand the variation that exists as it is significant and will impact the proposed changes. Physicians feel Central LHIN, in particular, has limited resources on this front.
- Support for a LHIN sub-region approach to standardization of walk-in/urgent care clinics.