

Frequently Asked Questions & Answers

Central LHIN Sub-region Webinar – March 1, 2017

1. Will sector specific planning tables be dissolved?

No. Although sub-region planning tables will be multi-sectoral, sector specific planning tables currently in place will be continued for subject matter expertise.

2. How many sub-region tables will be established? How will they be selected and organized? Will the LHIN be inviting Health Service Providers (HSPs) to host community conversations in order to bring a diverse lens?

There will be six (6) sub-region planning tables established to start. Each sub-region deserves its own conversation to allow for local innovation. This may change as we move into implementation, depending on the area of focus. It may make sense to cluster multiple sub-region tables together to collaborate on cluster specific work efforts.

The LHIN will partner with HSPs to host community conversations in order to gather a diverse view. Engagement sessions will occur locally in each sub-region.

3. What structure is in place for the LHIN to guide this process and give necessary supports?

Sub-region planning tables will use the Collective Impact methodology, requiring commitment from a group from different sectors to abandon their individual agendas for a common agenda, share measurement and demonstrate alignment of efforts.

The structure of the sub-region tables will be created after the local focus is decided. The function of each sub-region table has to be first determined before the structure can be established. Form follows function.

4. Will the sub-region development be consistent with the Ministry's recent webcast on Patients First, the medical home and hub model?

Yes.

5. How is the diversity and equity lens being concretely incorporated in this work to ensure that gaps for marginalized groups are identified and addressed?

We have already identified areas of need at the neighborhood level and sub-region level by using population health data. We will be approaching HSPs to validate the data based on their

experiential findings and look forward to innovative improvement recommendations from our sub-region planning tables to locally address inequity.

6. What performance indicators will sub-regions be measured on for success?

Ministry-LHIN Accountability Agreement indicators are being revised and once confirmed will support local level indicators. Sub-region partners will have a shared dashboard and we will develop quality-based methodologies to understand program impact.

7. How do we ensure Central LHIN residents are informing the discussion and are representative of the demographics residing in our LHIN? Is there a way to ensure engagement opportunities are accessible for working parents and young families?

The LHIN has a Citizens' Health Advisory Panel (CHAP), similar to a Patient Family Advisory Council (PFAC). CHAP is a group of highly engaged Central LHIN residents who meet regularly throughout the year to provide experience-based expertise and advise the LHIN on key issues, including sub-region planning.

In addition to collaborating with CHAP, the LHIN can also adapt engagement to off-hours and leverage technology to minimize travel disruptions for working families. We are also interested in leveraging PFAC groups of our providers to enrich our engagement.

8. How will the LHIN effectively engage primary care providers? Is there an opportunity to engage more primary care providers?

Central LHIN has been engaging with primary care providers up to now and incorporated a proportional representation of physicians on the Integrated Care Advisory Council (ICAC). There will be continued effort to bring primary care leaders together to discuss an approach to care delivery within their local sub-region areas and to invite participation to strengthen patient transitions in care. Over the few months, a Primary Care Lead will be recruited for each of the six sub-regions to participate at local planning tables, engage with sub-region physicians and create new linkages with community partners.

9. Can you highlight the follow up actions for addressing the identified gaps? What is meant by the term "transition"?

Patient transition refers to movement of care through the system. This can include patients being transitioned from provider to provider, service to service and sector to sector. There is an opportunity to improve this process across our LHIN by strengthening the continuity of care and delivering the best quality and experience for our patients.

10. How can sub-regions begin their planning? We are ready to start preliminary sub-region work, how can organizations begin sub-region initiatives?

Central LHIN is focused on identifying common transitions for improvement to be implemented LHIN-wide. Community conversations will be taking place March 29 to April 5, providing an opportunity to begin discussions and understanding of local data. Sub-regions can build

momentum following the preliminary dialogues in order to continue building readiness at a local level for priority areas of focus.

11. What was the process followed to populate the Integrated Care Advisory Council (ICAC)?

ICAC consists of 12 to 18 health system thought leaders from the Central LHIN. Although ICAC include a variety of sector perspectives, it is not intended to be fully representative of all sectors. ICAC will seek out additional expertise as the work and processes evolve and will be supported by input from the Central LHIN, sub-region tables, work groups and other operating committees and networks. It is important to note that ICAC is an advisory council and is not a decision making body.

12. How will Public Health Units be engaged?

The Central LHIN has existing working relationships with the three (3) Public Health Units in our catchment area, and will be part of the ICAC later on when we focus on public health and the use of best practices with public health data. Public Health will be involved in community conversations, and all additional engagement opportunities.

13. How will Long-term Care be engaged?

LTC will be a key partner at each sub-region table.

14. What is the relationship between Health Links and the sub-region planning?

Health Links will continue to operate to address the needs of *complex* patients. We will be gathering data from Health Links to understand and learn how to better plan for the coordination and transitions of care for *all* patients.