Central LHIN | RLISS du Centre

System Transformation Sub-region Planning Webinar Update

Central LHIN Providers and Partners

March 1, 2017

Presented by:
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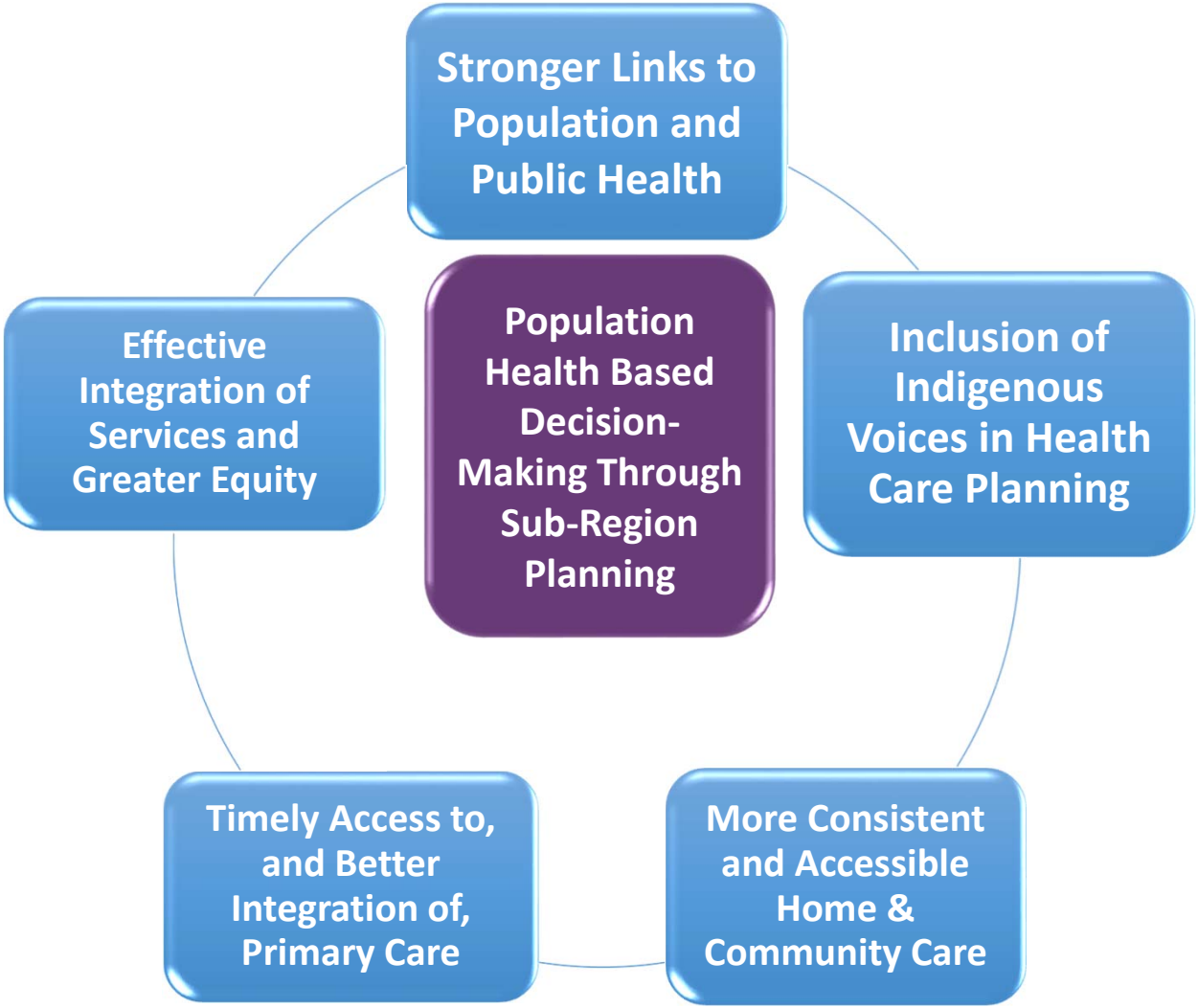
Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Setting the Stage for Engagement Today's Webinar:

- ✓ Provide an update on sub-region planning, including the role of the Central LHIN Integrated Care Advisory Council (ICAC)
- ✓ Present our engagement plan to work in partnership with our communities to co-design a robust patient-centred approach to sub-region planning and implementation
- ✓ Share next steps and associated timelines
- ✓ Provide an opportunity for questions and answers

Patients First

Framework for Strengthening the Patient Experience



Patient Voice in Central LHIN

Insights from Central LHIN patients, Citizens' Health Advisory Council, local community groups

- Extended office hours for primary care providers
- Timely access to specialists
- Challenges surrounding service to uninsured patients
- Email access to physicians for simple requests
- Strengthened coordination between home/community care and primary care
- Integrate a *trauma-informed approach* into more care delivery processes
- Access to personal medical charts
- Create a link between physician and hospital charts
- Improved cultural sensitivity and access to translation services

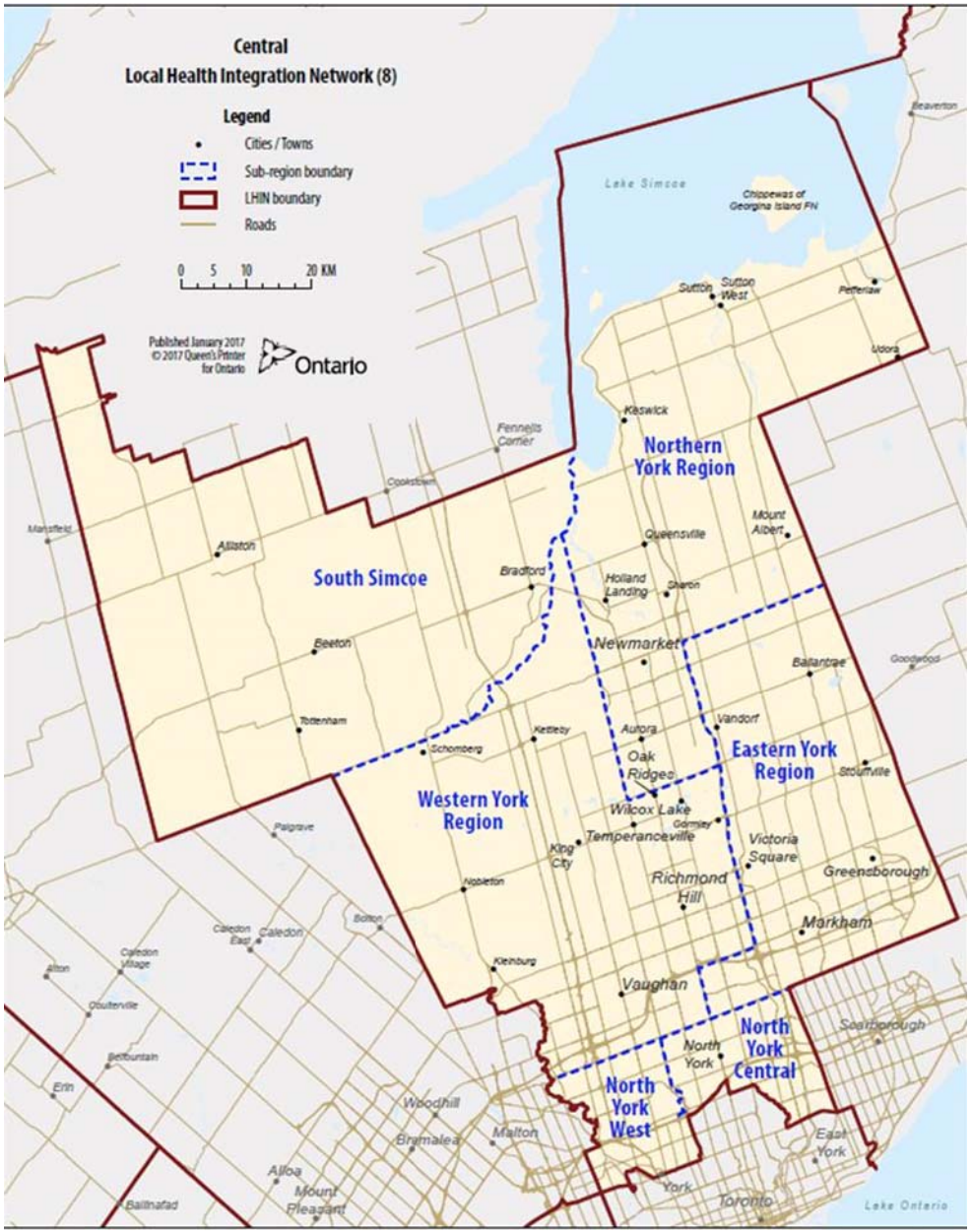
Central LHIN Sub-regions

Definition:

A sub-region is a geographical planning region within each LHIN to better understand and address patient needs at the local level. This approach will not restrict Ontarians as they make their health care decisions.

Sub-regions will:

- ✓ *Enable a more focused approach to assessing the distinct health needs and service capacity in local communities:*
- ✓ *Help to better identify health disparities and service gaps;*
- ✓ *Assist with identifying local barriers to improvement;*
- ✓ *Allow the community and providers to focus engagement on local circumstances and issues*



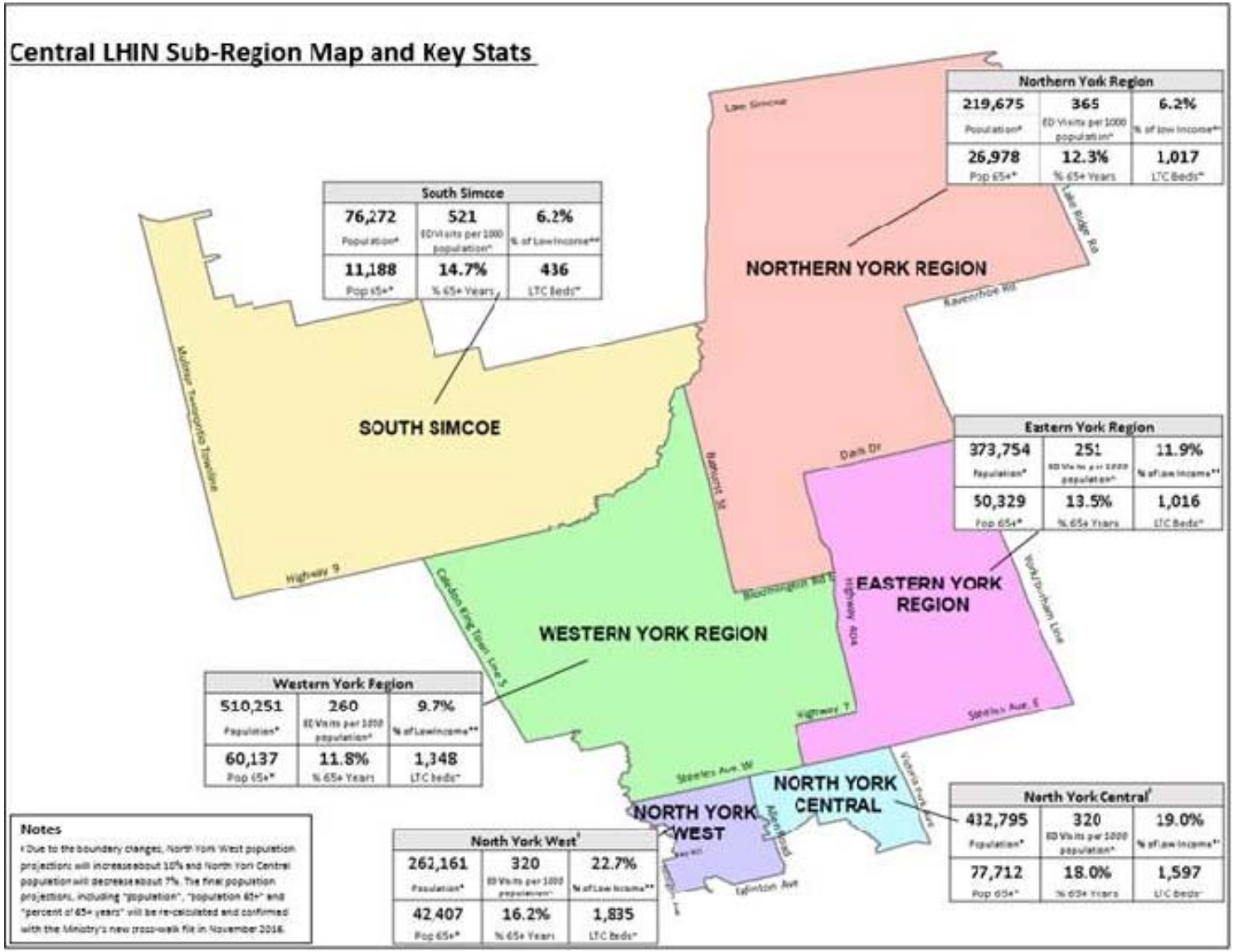
Source: MOHLTC, Patients First Act Backgrounder, December 2016

Sub-regions

Characteristic	Description
• Total number of sub-regions	• 76
• Average number of sub-regions	• 5.4
• Range of number of sub-regions	• 4 (WW LHIN) – 7 (MH LHIN; CE LHIN)
• Range of population size	• Largest: 551,700 (HNHB LHIN) • Median: 139,200 • Smallest: 7,100 (NE LHIN)
• Total number of sub-regions with population size of less than 40,000	• 5 (SE LHIN X 1, NE LHIN X 1, NW LHIN X 3).
• Number of sub-regions that have an acute care centre	• 73 out 76
• Estimated range of physicians in each sub-region	• Largest: 575 (Central Ottawa – Champlain LHIN) • Average: 153 • Smallest: 12 (James Bay Coast – NE LHIN)

Summary: Sub-region 'Wills' and 'Won'ts'

LHIN Sub-Regions Will…	LHIN Sub-Regions Won't…
✓ Enable a more focused and granular approach to assessing population health need and service capacity.	x Result in barriers to access; patient choice will remain paramount.
✓ Help to better identify variation across the province in health disparities, health system performance and the ability of service to meet the needs of the population.	x Result in more bureaucracy; sub-regions are to enable better planning and performance improvement, not the creation of new organizations or administration.
✓ Assist in identifying local factors that inhibit health system improvement.	x Come into conflict with ministry or LHIN obligations to engage with provincial or regional partners. These will continue.
✓ Enable more focused community and provider engagement in a manner more aligned with local circumstance.	x Be exclusionary. Flexibility will be applied for communities or agencies whose people or jurisdictions extend beyond a sub-region geography.
✓ Provide an organizational structure to enable clinical leadership, as well as provider and public engagement in health system planning and improvement.	x Infringe on traditions or established jurisdictions in the planning, delivery or improvement of health services.



Notes

1. Proposed sub-region boundaries align with Health Link boundaries except "South Simcoe and Northern York Region Health Link" which has been split into two sub-regions "South Simcoe" and "Northern York Region".
2. Proposed change in sub region boundary (red circle) from North York Central to North York West. Pending confirmation from MoHLTC.

Data Sources:

*Sub-region Population Projections: 2015 Central LHIN population projections – 2011 Census-based Ministry of Finance Population Projections (2014-2041) for Local Health Integration Networks, updated 2015 and distributed by MOHLTC. Sub-Region population projections are prorated based on 2015 Central LHIN population projections and 2011 Census population counts at Dissemination Area Level.

**Percent of Low Income: "Health Links demographic, census, and utilization portrait: April 2014", Health Analytics Branch (HAB), Ministry of Health and Long-Term Care. For the areas different than Health Links, weighted average rate/Regional rate is used.

^ ED visits: ED visits crude rate. IntelliHealth Ambulatory Care, AM Case Type equal to EMG AND Fiscal Year 2014-15 AND Patient LHIN = Central LHIN. Due to data limitations, ED visits per 1000 population are available at North York level only.

~Long-Term Care (LTC) Beds: Number of licensed LTC beds within Central LHIN boundary (Internal Tracking).

Understanding the Population (by Health Link)

Population Characteristics	South Simcoe and Northern York Region Health Link	South East York Region Health Link	South West York Region Health Link	North York Central Health Link	North York West Health Link	Central LHIN	Ontario
Population (2015)	295,947	373,754	510,251	432,795	262,161	1,874,907	13,809,683
% seniors age 65+	12.9%	13.5%	11.8%	18.0%	16.2%	14.3%	16.1%
% seniors age 75+	5.4%	5.3%	4.7%	8.8%	7.7%	6.3%	7.1%
Population growth, past 5 years (2010-2015)	Not Available	Not Available	Not Available	Not Available	Not Available	8.4%	5.1%
Projected population (2020)	320,544	404,818	552,660	468,765	283,950	2,030,737	14,546,659
Projected population (2025)	346,536	437,643	597,473	506,776	306,974	2,195,401	15,342,512
% Living in a rural area (2011)	16.0%	5.0%	3.2%	0.0%	0.0%	4.5%	14.1%
% Living in a large urban centre (2011)	52.9%	87.3%	95.5%	100.0%	100.0%	88.8%	69.3%
Socio-demographic Characteristics (% population)							
English Mother Tongue	82.5%	45.8%	48.3%	42.0%	48.3%	51.7%	70.4%
French Mother Tongue	1.6%	1.1%	1.1%	1.5%	1.0%	1.3%	4.4%
No knowledge of English or French	1.0%	7.6%	4.3%	5.2%	6.3%	4.9%	2.3%
Immigrants	18.0%	53.3%	46.7%	59.1%	57.2%	47.9%	28.3%
Recent immigrants (within 5 years)	1.7%	6.7%	5.9%	15.8%	11.1%	8.6%	4.8%
Visible minorities	9.1%	60.5%	34.2%	49.5%	56.3%	42.1%	22.8%
Aboriginal identity	1.0%	0.2%	0.2%	0.2%	0.4%	0.4%	2.0%
Labour force participation rate (age 15+)	73.9%	68.0%	70.7%	62.7%	60.9%	67.2%	67.1%
Unemployment rate (age 15+) (2005)	4.8%	6.5%	5.0%	7.6%	8.6%	6.4%	6.4%
Without certificate/degree/diploma (age 25-64)	12.3%	10.2%	10.1%	6.5%	22.5%	9.8%	11.0%
Completed post-secondary education (age 25-64)	60.4%	67.6%	69.4%	76.3%	49.7%	66.6%	61.4%
Living in low-income	6.2%	11.9%	9.7%	19.0%	22.7%	13.8%	11.1%

	Highest of the 5 Health Links
	Lowest of the 5 Health Links

Source(s): Health Link Profiles Indicators Round 5 (2014-04-03) 2006 census, Health Analytics Branch; Environmental Scan Demographic profile (2015) Population Projection, Ministry of Finance population projection, 2011 Census.

Collective Impact

"Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration."

John Kania & Mark Kramer, Stanford Social Innovation Review, 2011

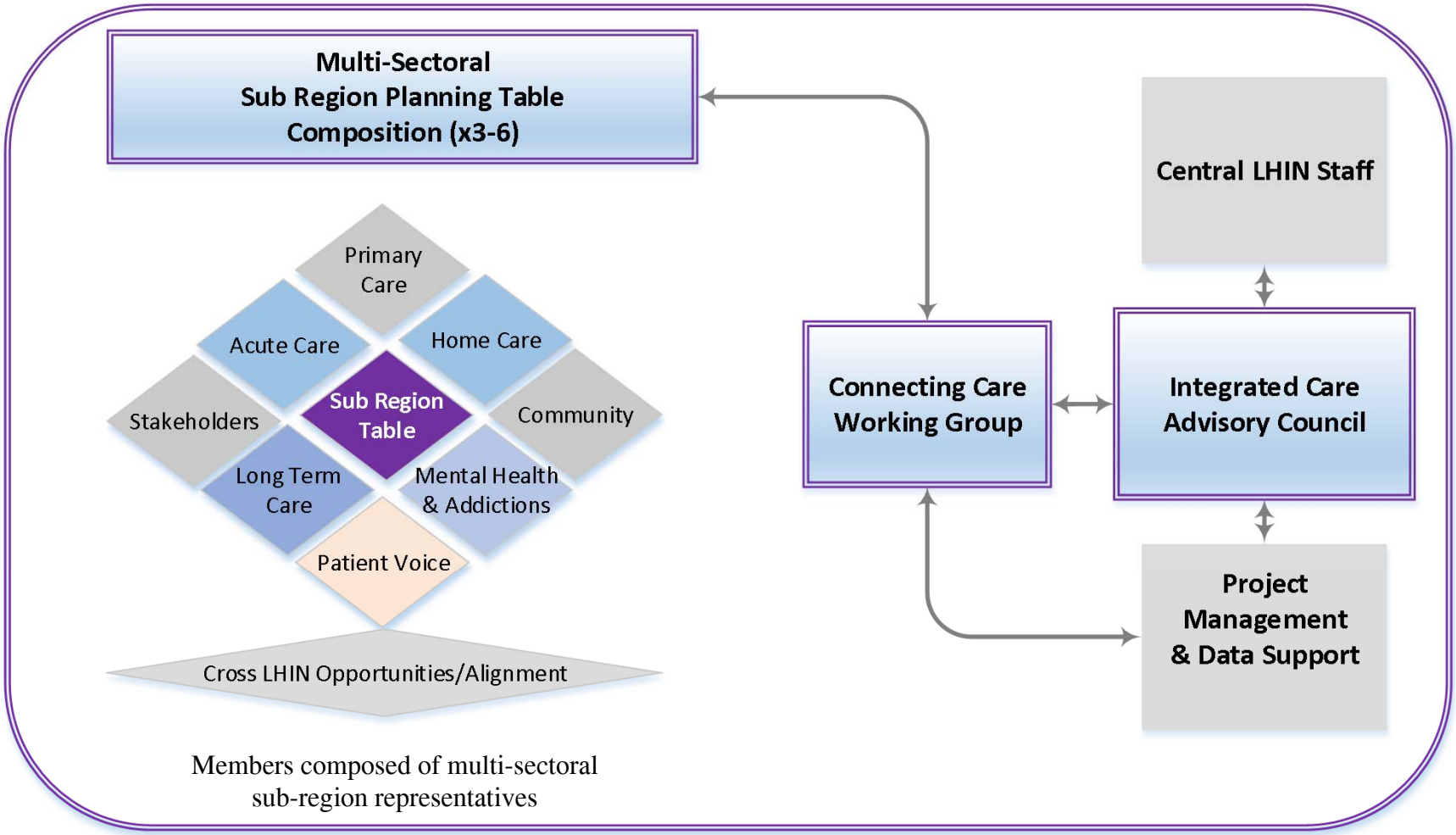
Finding Clarity Through Complexity

The Common Agenda

Collective Impact is a structured framework that assists companies, charities, governments, advocates and citizens (each from their various areas of influence and expertise) to work together towards **a specific common goal to solve complex social challenges.**

- Identifying Technical vs. Adaptive Challenges
- Since the ***majority of our social issues are adaptive challenges***, we need many contributors to help solve a problem
- Collective Impact requires multiple partners (organizations, companies, entities and individuals) from different sectors to ***abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort***.

Sub-region Planning Hub Structure



Integrated Care Advisory Council (ICAC): Purpose & Participants

The ICAC is advisory.

The LHIN is developing an engagement strategy to support co-design at the sub-region level including the development of a LHIN-wide approach to sub-region implementation.

Integrated Care Advisory Council

Chair: Kim Baker, Central LHIN		
Tini Le, Central CCAC	Bill Krever, Better Living Community Services	Dr. David White
Mary Burello, Central CCAC	Estelle Duchon, Entite 4	Dr. Paul Cantarutti
Tim Rutledge, North York General Hospital	Michael Vandenbogarde, Citizens Health Advisory Panel	Dr. Roshan Shafai, Central CCAC
Barb Collins, Humber River Hospital	Rebecca Shields, CMHA York Region	Dr. Steve Litsas
Joanne Marr, Markham Stouffville Hospital	Dr. Steve Kahane, Primary Care Lead (CLHIN)	Chantell Tunney, Central LHIN
Paul Bruce, COTA Health	Christina Bisanz, CHATS	Kate Wilson, Sub Region Project Team Lead (HRH)

Impact Statement for Sub-region Launch

By September 2017, the Central LHIN stakeholder community will have co-designed an approach to working together to strengthen continuity of care (transitions) for patients through the development of consistent, quality-based outcomes.

This model will align with the following principles and also enable stakeholders to:

- Transform the patient experience through a relentless focus on quality, system performance and accountability;
- Drive innovation and sustainable service delivery;
- Build and foster interdependent networks of care;
- Support deeper collaboration between patients, families, health service providers and community partners;
- Tackle health inequities by focusing on population health

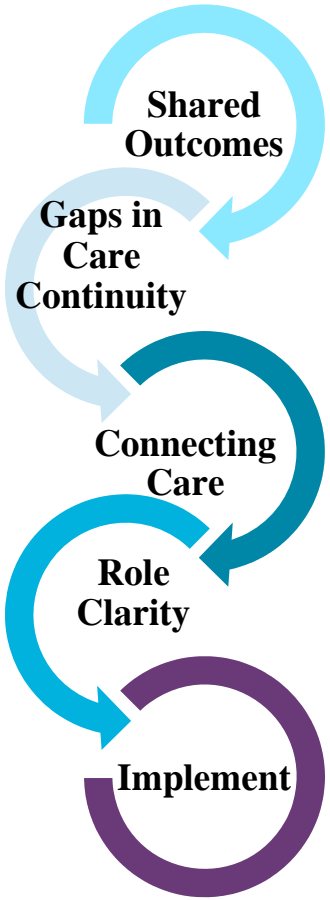
Principles for Shared Success

Patients First, 2016 presents a platform for large-scale system change across all sectors and partners to be successful. This time of renewal will require a variety of factors necessary for success at the provincial, LHIN, sub-region and partnership levels such as:

- ✓ Renew the principles shared amongst all partners that work toward collective goals that strengthen openness and transparency;
- ✓ Diverse & flexible thought-leadership within our Central LHIN community;
- ✓ Robust stakeholder engagement & partnership planning that is authenticated through the patient and community voice;
- ✓ Timely & meaningful data for system responsiveness;
- ✓ Courage to discuss things that are not working and be willing to shift approaches for better outcomes;
- ✓ Shared accountability that puts the care of patients, families and caregivers before our historic system challenges;
- ✓ Collectively build a culture of collaboration, respect & trust

Objectives by September 2017

Sub-region coordination and development will be led and co-designed by Central LHIN health service providers, patients, families, caregivers and other key community partners and stakeholders.



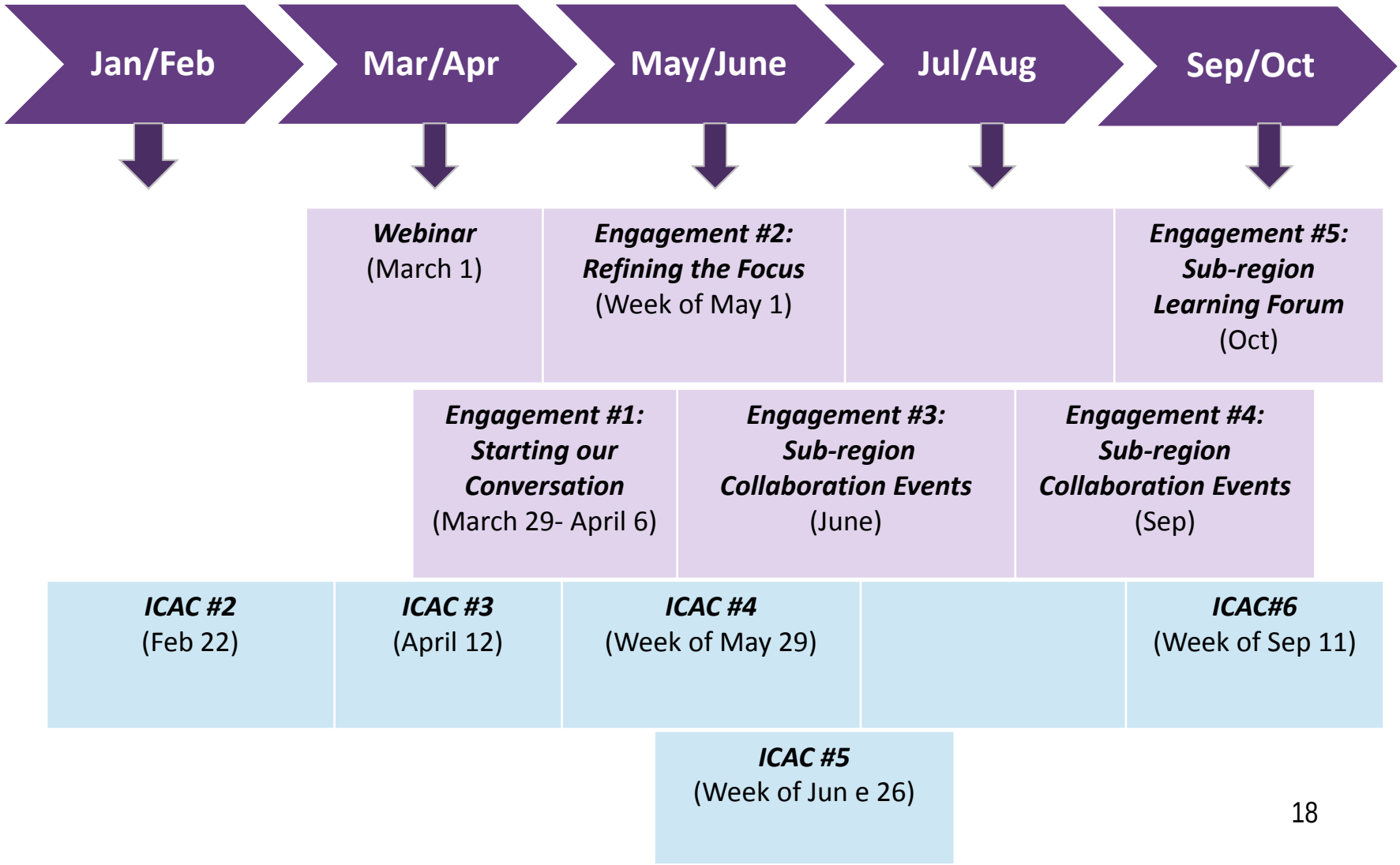
This work will be broken down into five steps:

1. Establish *shared outcomes* for quality-based patient and family centred care;
2. Prioritize and choose a LHIN-wide *gap in care continuity (transitions)* for sub-region care delivery;
3. Develop a new *Connecting Care approach* that leverages assets to minimize the gap;
4. Redefine *the evolving roles* of system partners to deliver care within the new sub-region context;
5. Develop an *implementation and evaluation* process

Engagement Strategy & Timelines

Moving Forward

Overview of Draft Sub-region Implementation Timelines



Engagement Strategies and Best Practices

Webinar
(March 1)

Engagement #1: Community Conversations
(March 29- April 6)

Engagement #2: Refining the Focus
(Week of May 1)

Engagement #3: Sub-region Collaboration Events
(June)

Engagement #4: Sub-region Collaboration Events
(September)

Engagement #5: Sub-region Learning Forum
(October)

Upcoming Engagement Events

Sub-region Community Conversations

March 29 - April 6, 2017

Facilitated dialogue will focus on:

- ✓ Creating a common understanding of sub-regional attributes related to their communities and populations
- ✓ Developing greater context to better validate and plan around sub-region level data
- ✓ Building relationships through collaborative networking
- ✓ Opportunities to co-create the system collectively to identify gaps in care continuity (transitions)

Central LHIN Sub-region Planning Update & Discussion Webinar

Questions?

Please contact us:

Central.lhins@on.ca

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