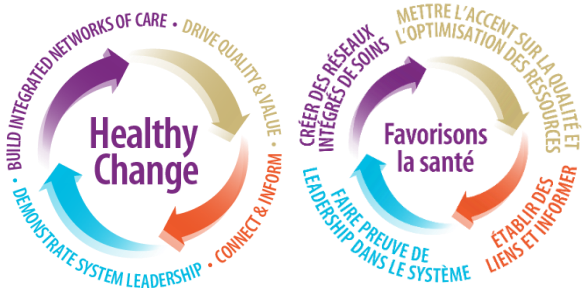

Table Discussion – Themes

Central West LHIN Governance and Leadership Forum

From Transition to Transformation

The road ahead for health care in Ontario and the Central West LHIN

Tuesday, November 14, 2017

Q. What are the top 1-2 things that struck you as novel or unique from the Deputy's presentation?

Integration

- Need to bring agencies, many that have vested interests agendas, together on the same page
- Find ways to share patient information for those who do not live in Central West but access health care services
- New opportunities for bundled care models (e.g. H2H, hips and knees, etc.)
- Implement Romanow Report (e.g. bundled care)

Equity

- Recognition of inequity in Central West LHIN funding and services
- More consistency within the LHIN and across other LHINs (e.g. ease of crossing boundaries, how agencies operate, etc.)
- Bundled care may help address inequities (e.g. private pay physio)
- Greater consistency in the acute care sector and the community
- Standardize shared Mission, Vision and Values at the pan-LHIN level
- Focus on population health, from social determinants to chronic disease management, that are targeted to meet patient needs

Self-managed Care

- Aging and increasingly complex patients will need to shift their expectations of care
- More clarity around what this means from a mental health patient perspective
- Encourage self-management with seniors

Partnership

- Desire for more information about transitions from acute care
- Palliative care is already bringing many services together to manage care needs of patients
- Circle of care will allow sharing of information without privacy issues
- Seek out non-traditional partnerships (e.g. settlement, shelters, education)
- Connect with other entities "not in the room"
- Empower local leadership

Sub-regions and Communities of Care

- We need one accountable care organization for sub-regional planning
- Must address the social determinants of health with a patient focus (e.g. community programs)
- Identify next steps for creating "health care communities"
- Access to care limited by funding (e.g. long waitlists for services)
- "Regional health" model to empower LHIN
- Renaming sub-regions will help define what they actually do
- Be careful about "spinning your wheels" when engaging large groups – we want to make change happen
- Avoid duplication of rostered patients across LHINs
- More accountability at the sub-region level to bring health care services and providers together

Mental Health

- More options for self-managed care
- Need mental health services for non-verbal individuals
- More discussion around mental health (e.g. youth, seniors, opioid, etc.) to create a holistic approach for patients

- Patient education so they know where to seek help
- Expand the role of nurse practitioners
- Focus on mood disorders and dementia, especially in LTC, so people can be assessed and placed locally (CAMH has a long wait list)

Primary Care

- Build on physician and patient perspective to gain insights on need
- Maintain important relationships with primary care
- Connection between primary care and community services
- Find a way to bring primary care to the table

Personal Support Workers (PSW)

- Seeking more clarity on proposed PSW organization
- Lack of PSW, funds and wage increases
- SPO PSWs do not have a good work-life balance (e.g. work split shifts to match peak demand for service)
- Standardized training and hiring practices to protect patients and deliver high quality care
- PSW are going to be increasingly important given staff shortage and structural deficits in the LHIN

Patients

- Focus on patient need, not what we do (e.g. mapping services, demographics, self-management, care pathways, etc.)
- Don't get lost in the treatment process – social connections are important
- Share patient and system stories to demonstrate positive impact
- Map health services by postal code so people can control what they access – use online and traditional tools

Q. What do you think is "low hanging fruit" in terms of accelerating transformation in the Central West LHIN?

Technology

- Use technology (e.g. teleconferences)
- Back office IT support for agencies
- Optimize telehealth for rural populations to address transportation challenges
- Create a LHIN app to help patients navigate health care options in the community
- Patient-facing technology for appointment booking
- Make eelectronic medical records (EMRs) easier to integrate

Palliative Care

- Create more hospice spaces in the community, at home or in hospital settings
- Additional funding for building more hospices

Navigation

- Care coordinators should be "system navigators"
- Stronger care coordinator-primary care connection
- Access to records to add "value" to care plan
- Improve patient flow through by ensuring beds are used for their intended purpose
- Promote the advanced practice of patient role to create equitable access

Integration

- Include care coordinators and community voices at the table
- Make sure neighbouring LHINs are working together
- Enhanced engagement with primary care
- Create inter-professional teams beyond family health teams (FHTs)
- More opportunities to consult
- Leverage sub-region clinical leads
- Embed care coordinators in primary care offices
- Formalize partnerships among agencies to clarify expectations and increase accountability
- Relationship charter for accountability
- Community-based interdisciplinary palliative and mental health teams
- New clinics are aligned with primary care
- Integrate mental health into all services
- Connect initiatives with long-term care (LTC) to avoid emergency department (ED) visits
- Closer working relationship with public health
- Use provincial guides and modify locally
- Involve Board in initiatives to understand frontline challenges and relevant issues

Relationships

- Leverage relationships with institutional leaders
- Breakdown silos and barriers of the system to build bridges between all partners
- Demonstrate outcomes for primary care to get them onboard

Communication

- Collaboration between hospitals and care facilitators in the community to enhance communication about the needs of complex patients
- Educate the public about changes coming to health care – what is means to them, what they need to do, what options they have
- Improve communication among agencies for a better understanding of pressures
- Leverage the strength of the LHIN to access information such as community profile, other relevant data and organizational information
- Open transparent communication about service models and what it means to patients/providers
- Share best practices, lessons learned and models of care from other LHINs

Patients

- Clarify expectations of care (e.g. better transition points and primary care notification)
- Treat the whole person, not just a hand off and release
- Focus on the needs of the patient
- Community focus to make health care more accessible, easy to navigate
- More patient engagement through Patient and Family Advisory Committee (PFAC) to find ways we can involve patients in their care
- Better access to information (e.g. pre-circulated questionnaire to prepare for primary care visits)
- Provide “street level” access to care for marginalized communities

Funding

- Equitable funding for LHINs as collaborators rather than competitors

- Alternative levels of funding at the sub-region level (e.g. self-governed care communities)
- More funding for mental health
- “Free care” in clinics is problematic and should be addressed so we can retain physicians
- Implement mechanisms to fund and recognize work appropriately

Mental Health

- Explore Ontario Addiction Treatment Centres (OATC) suggestions
- Implement Cognitive Behavioural Therapies (CBT) in sub-regions
- More education on opioids and training on naloxone kits for health care workers, identification of mental health and addictions warning signs and mental health first aid

Q. In light of the work ahead, do the Central West LHIN’s draft refreshed Mission, Vision & Values resonate with you… what, if anything, do you think is missing?

Mission

Working together to achieve better health, better care, and better value for all.

- Access to service needs to be added
- Too much innuendo, consider “Building a healthier community for one and for all”
- Inclusive and resonates, proactive vs. reactive
- “Value” concept doesn’t fit here, maybe try “efficiency”
- Use “total care” to be more inclusive
- Get rid of the old tag line “better…” the Ministry does not use this language any longer. What does “better” mean.
- Disjointed… too complicate…value does not fit here…end after better care.
- Include patients and familes in the mission.
- “Working together to achieve improved access to care and better health outcomes for all.”

Vision

Creating a healthier community, one person at a time.

- Vision should be more active – “create” vs. “creating” – should be stated as a destination
- Include an impact statement, e.g. complete XX by XX date
- “One person at a time” is unclear unless explained within the context of workers, patients or the reader
- One person at a time seems “slow”.
- Would make a terrible tweet.. does not reflect patients first.
- “Create healthy communities…”

Values

Outstanding – Collaborative – Respectful - Compassion
Integrity – Stewardship - Innovation

- Determine whether statements reflect structural vs. empathetic values
- Replace “innovation” with leadership” and “stewardship” with “sustainability”
- Should these be structural or empathetioc values
- Need value statements to better understand what they mean.

General Comments

- Will this guide us forward?
- All elements are simple and to the point
- Statements are holistic
- We should have a patient charter of rights
- Mission and vision are similar

Elevator Pitches

Technology

- Optimize telehealth and transportation in rural settings
- Shared access and accountability to coordinated care planning
- Find information system solutions to improve communication with stakeholders
- Technology enables for more information sharing and innovation

Sub-regions

- Each sub-region should have a burning platform they can share with other regions
- Experimental “Plan, Do Study, Act” (PDSA) cycle of collaborative is positive
- Creating “care communities” and the notion of social connections is important
- Health care communities reflect relationship with public health
- Health Links work will inform sub-region work
- Leverage new perspectives/knowledge and work together for shared solutions
- Use the concept of “fail fast or scale fast”
- Be proactive, not reactive
- Infrastructure is in place and we are aligned for transformation

Patients

- Empower and enable patients to self-manage their care to achieve positive outcomes
- Deepen relationships with a focus on primary care and self-management
- Understand what benefits the patient will see – palliative and chronic disease care, self-management models
- Focus on co-creation with patients and families
- Create a better structure so patients can receive care when and where care is needed, within our LHIN and between LHINs

Relationships

- Work together in the LHIN and across LHINs to help patients
- Pursue collaboration with other LHINs to avoid competition for funding/resources, avoid duplication of services (e.g. repetition, scale vs. recreate) and stepping on toes
- Leverage provincial work, especially in mental health and palliative care

Health Care

- Mental health and addictions are low hanging fruit
- Everyone can be involved in helping the opioid crisis (e.g. mental health first aid)
- More palliative and hospice care is needed in home and in the community
- Reorganize and restructure mental health and addictions system for shared accountability, increased capacity and access to resources to touch more patients
- Acknowledgement of funding inequity across LHINs