

Presentation to:

Canadian Assistive Devices Association

Annual Member Conference and Meeting

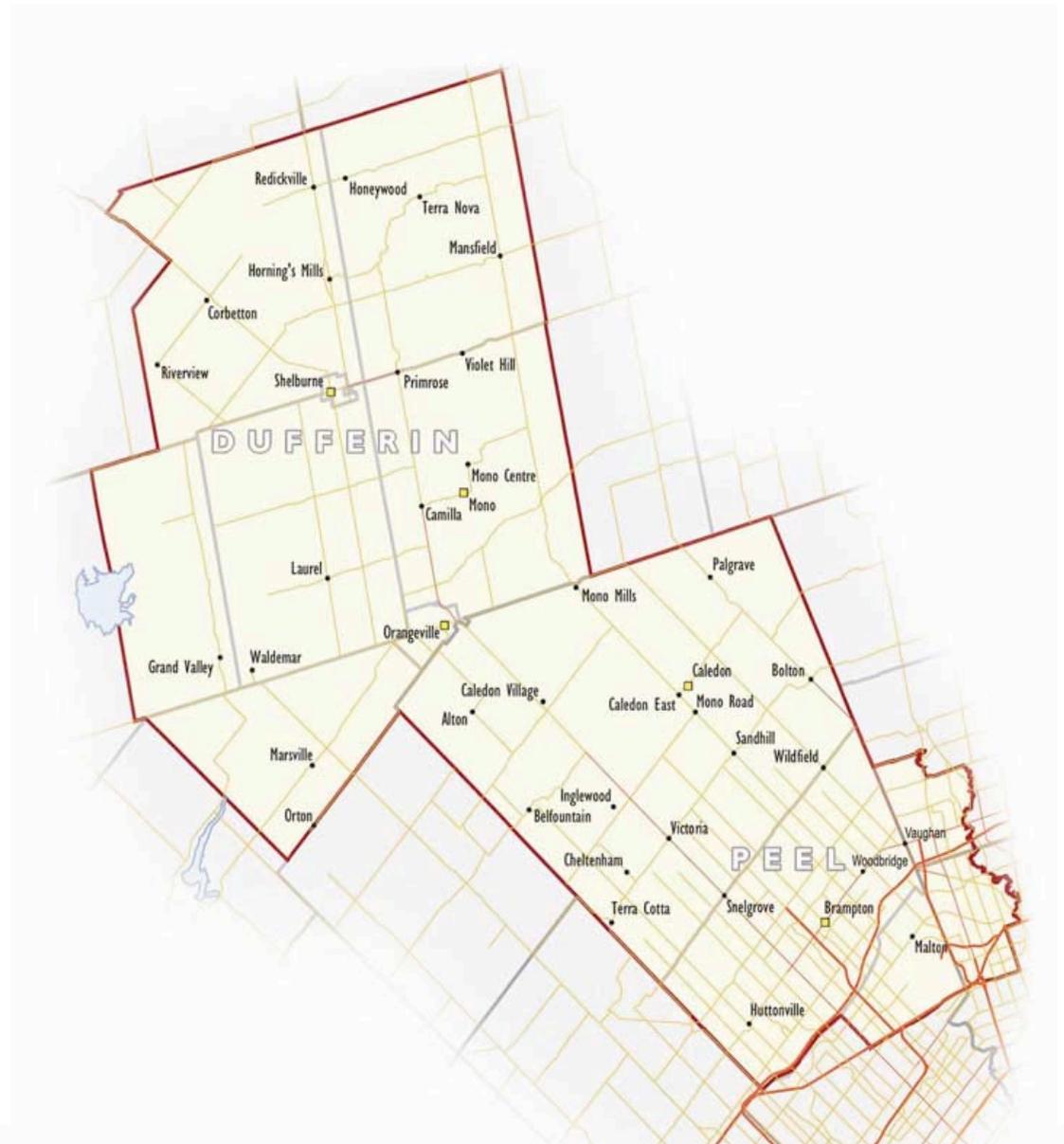
Wednesday, November 19, 2008

Overview

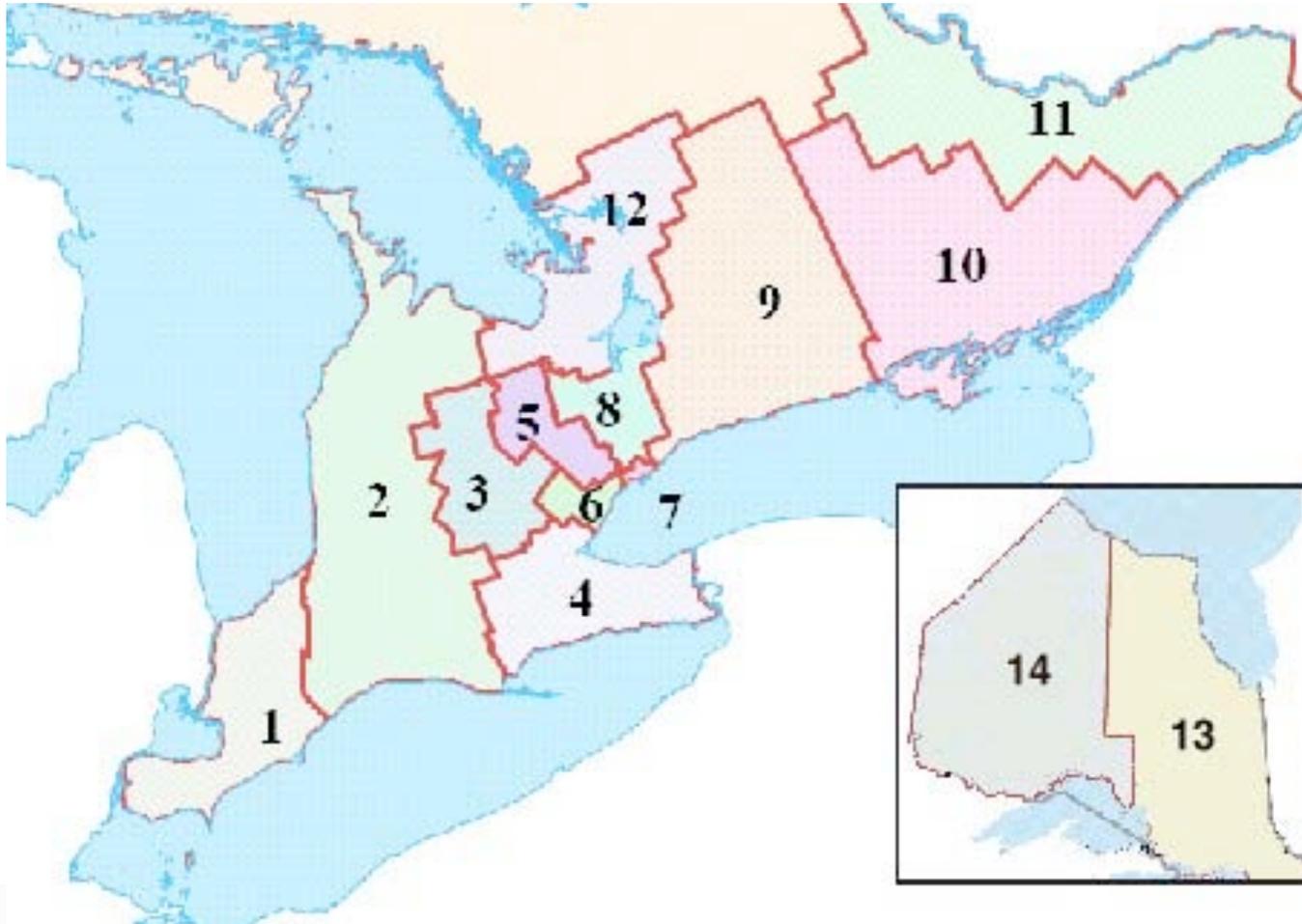
- **What are LHINs?**
- **Integrated Health Service Plans**
- **Vision/Principles/Values**
- **Strategic Vision**
- **Governance Structure and Mandate**
- **Multi-Sectoral Accountability Agreements (M-SAA)**

What are LHINs?

- Local Health Integration Networks
- Crown Agencies established under the Local Health Integration Systems Act, 2006
- Legislatively mandated to plan, integrate and fund local health services
- Geographically based
- A unique opportunity



Local Health Integration Networks



1. Erie St. Clair
2. South West
3. Waterloo Wellington
4. Hamilton Niagara
Haldimand Brant
5. Central West
6. Mississauga Halton
7. Toronto Central
8. Central
9. Central East
10. South East
11. Champlain
12. North Simcoe Muskoka
13. North East
14. North West

Local Health System Integration Act 2006

What's it all about?

- Equity in health care
- Decision making at the local level
- Care and services reflecting the needs of the community are best planned, coordinated and funded in an integrated manner at the local level
- Health care is an investment not an expense
- Accountability and transparency

The Implications of LHSIA 2006 for Collaboration

- Planning
- Funding
- Integration
- Accountability



Ministry-LHIN Accountability Agreements (MLAA)

- Supports the collaborative relationship between the MOHLTC and the LHIN to carry out the made in Ontario solution to improve the health of Ontarians through better access to high quality health services, to coordinate health care in local health systems and to manage the health system at the local level effectively and efficiently
- Purpose of Agreement is to set out the mutual understandings between the MOHLTC and the LHIN of their respective performance obligations from the period April 1, 2007 to March 31, 2010
- Applies to each party's funding and performance obligations as they are determined for each fiscal year

Memorandum of Understanding (MOU)

Outlines the accountabilities between the LHIN and the Minister as representative of the Queen in right of Ontario during each year of the term of the MOU

- Components include:
- Purpose and Principles
- Role and Responsibilities
- Appointment of Board Members
- LHIN Governance and Administration
- Communications

Integrated Health Services Plan (IHSP)

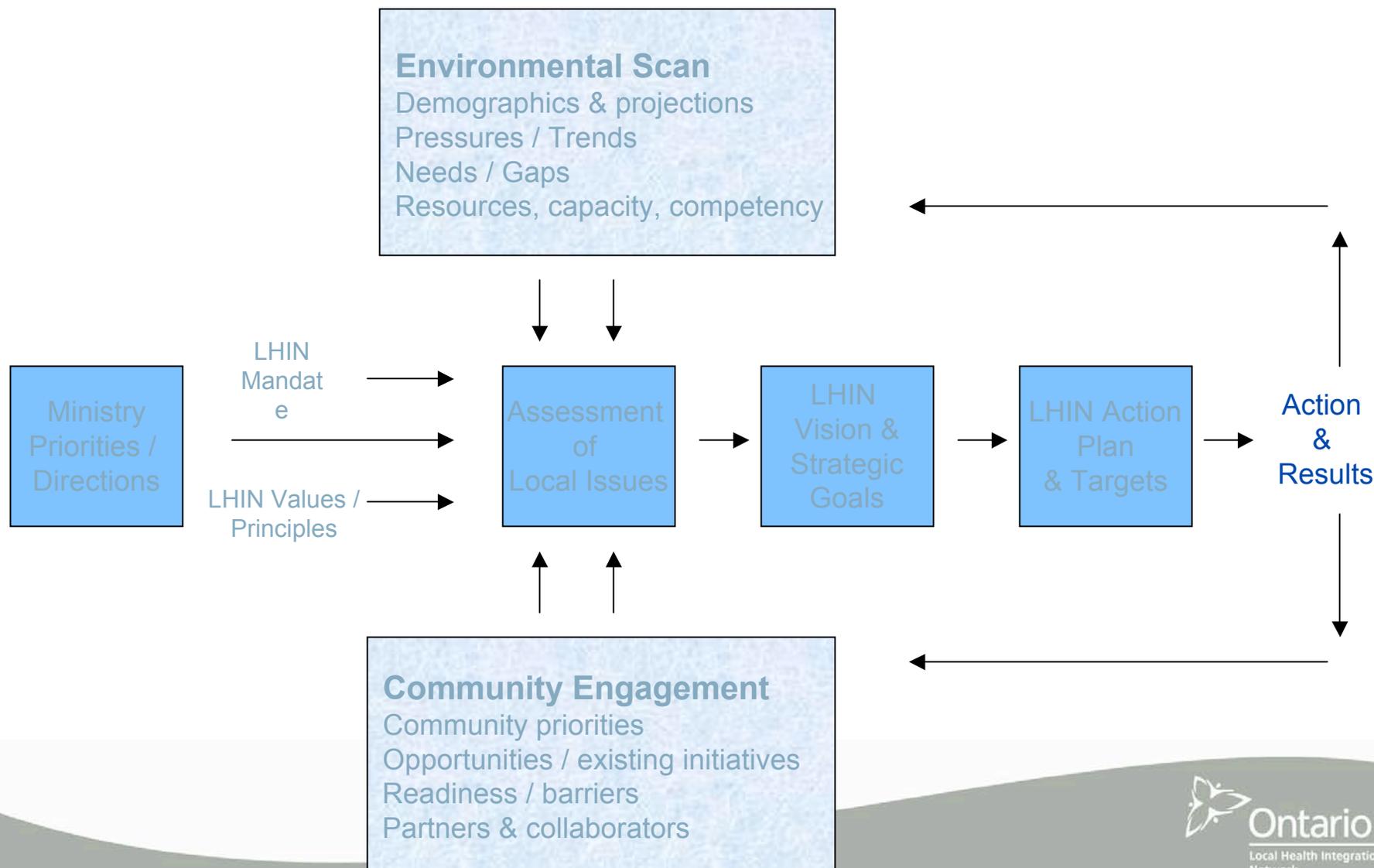
What is the Integrated Health Services Plan?

- The IHSP sets out local strategies and priorities for change for the three year period starting April 2007.

The IHSP:

- is built on community engagement
- sets the foundation for future plans
- outlines the priorities for integration
- demonstrates achievement of Ministry strategic directions
- optimizes available resources

IHSP Framework



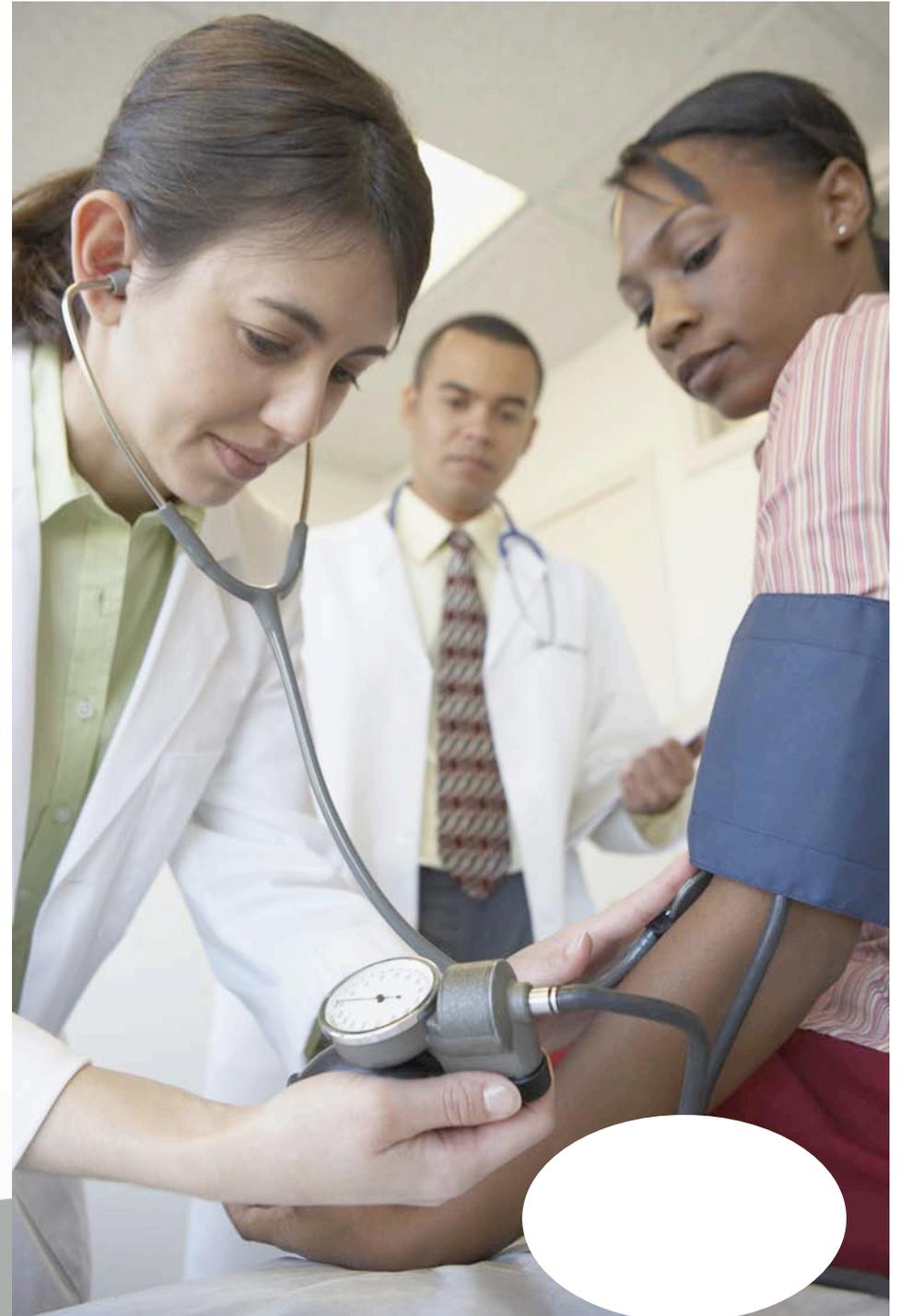
Our Vision

Create “a local health system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren”



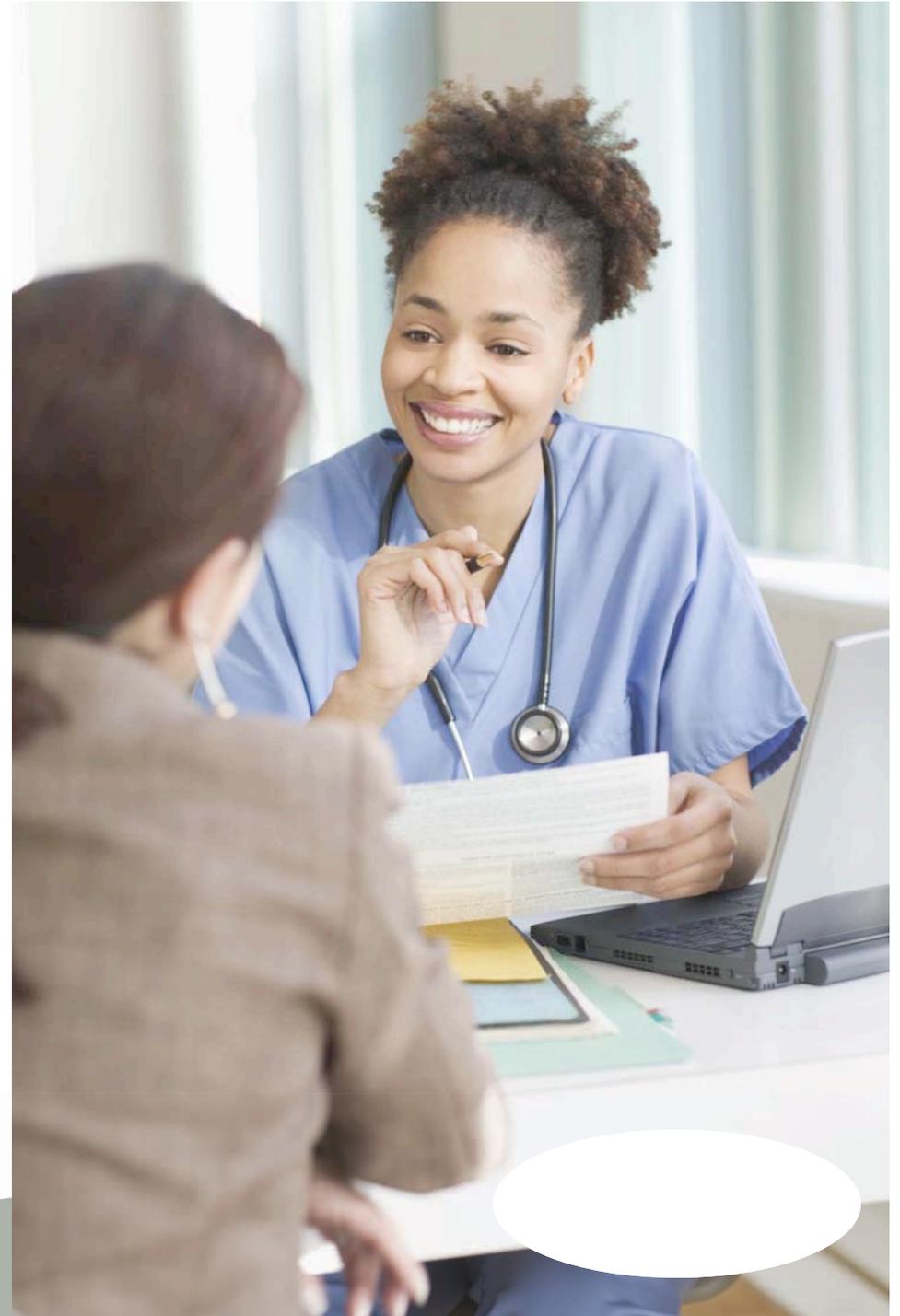
Our Principles

- **Equitable access**
- **Patients' / clients' choice**
- **People-centred, community-focused care**
- **Measurable, results-driven outcomes**
- **Shared accountability**



Our Values

- **Person-centred**
- **Transparency**
- **Integrity**
- **Stewardship**



***“We can’t solve problems by using
the same kind of thinking we used
when we created them”***

Albert Einstein

What is our Strategic Direction?

Enhanced Integration

Better coordinated and better linked services

Increased Capacity

Adequate level of the right kinds of services and supports

Improved Access

Timelier, easier access to high quality, client-centered services



Who are our providers?

HSPs

- *community health centres*
- *community health centre satellites in development*
- *community care access centres*
- *hospital corporations*
- *mental health and addiction services organizations*
- *long-term care homes*
- *community support services*

Other providers

- *public health units*
- *family health teams*
- *family health groups*
- *family health network*
- *family health organizations*
- *physicians*
- *specialists*

Governance, Structure and Mandate

Governance Mandate

“... facilitate health system transformation through building collaborative governance relationships, the outcome of which is an integrated health services plan consolidating planning, systems integration, service coordination, funding allocation and evaluation.”

Governance Roles/Relationships

- The relationship between the provider Boards and the LHIN Board needs to be based on a mutually-beneficial and well-defined relationship, entered to achieve a common goal – the IHSP.
 - *A clear understanding of mandates,*
 - *Open, honest communications,*
 - *Consultations*
 - *Initiatives on integration/collaboration*



Governance Relationships in Transition

- **LHIN Governance of Health System Integration**
 - *regional plan for health system integration (IHSP)*
 - *Collaboration, facilitation and negotiation with providers on role in achieving health system plan*
 - *allocation/re-allocation of resources to providers for implementation*
 - *hold providers accountable for defined inputs and outcomes*
- **Provider Governance of Health Services Delivery**
 - *continued responsibility for strategic/operating plan but negotiated within context of LHIN integrated health system plan*
 - *negotiation/collaboration with LHIN and other providers in developing integration initiatives*
 - *identification to LHIN of resources required for implementation*
 - *accountability to LHIN for resources allocated and services outcomes*
 - *Multi-Sector Accountability Agreement (M-SAA)*
 - *Hospital Service Accountability Agreement (H-SAA)*

Need for Clarity of Roles

LHIN Board

- provide strategic leadership to health system integration
- lead community engagement
- establish guiding principles/policy direction for integration initiatives in IHSP
- allocate resources to integration initiatives
- establish accountability agreement with Provider Boards
- provide regular oversight of performance and outcomes of IHSP including integration initiatives

Provider Board

- provide strategic support of the organization for system integration
- participate in community engagement
- establish guiding principles/policy direction for integration initiatives with other providers
- approve integration initiatives at the level of the organization
- regular monitoring of accountability agreement and outcomes measures
- provide regular oversight of performance and outcomes of integration initiatives

Historically...

- ‘Old’ behaviours from Ministry to providers
- Resistance – adherence to old ways of thinking
- Primary and public health care not included in the LHINs
- Integrating large numbers of acute care and community services
- Lack of integration for information technology
- Balance between local needs and collective needs amongst all LHINs
- Working in ‘silos’
- Consistency vs. diversity
- Stewardship vs. local systems leadership
- ‘Political’

Opportunities

- Creating opportunities for organizations to work together
- New behaviours – moving from individual silos to a ‘systems’ perspective
- Community engagement
- Growing number of ‘Alternate Levels of Care’ – (ALC)
- Creating a truly ‘person-focused’ system
- Embracing Transparency and openness
- Opportunity to employ strategies for over-use, under-use and misuse
- Global economics and pressures on the system

Multi Sectoral Accountability Agreements (M-SAA)

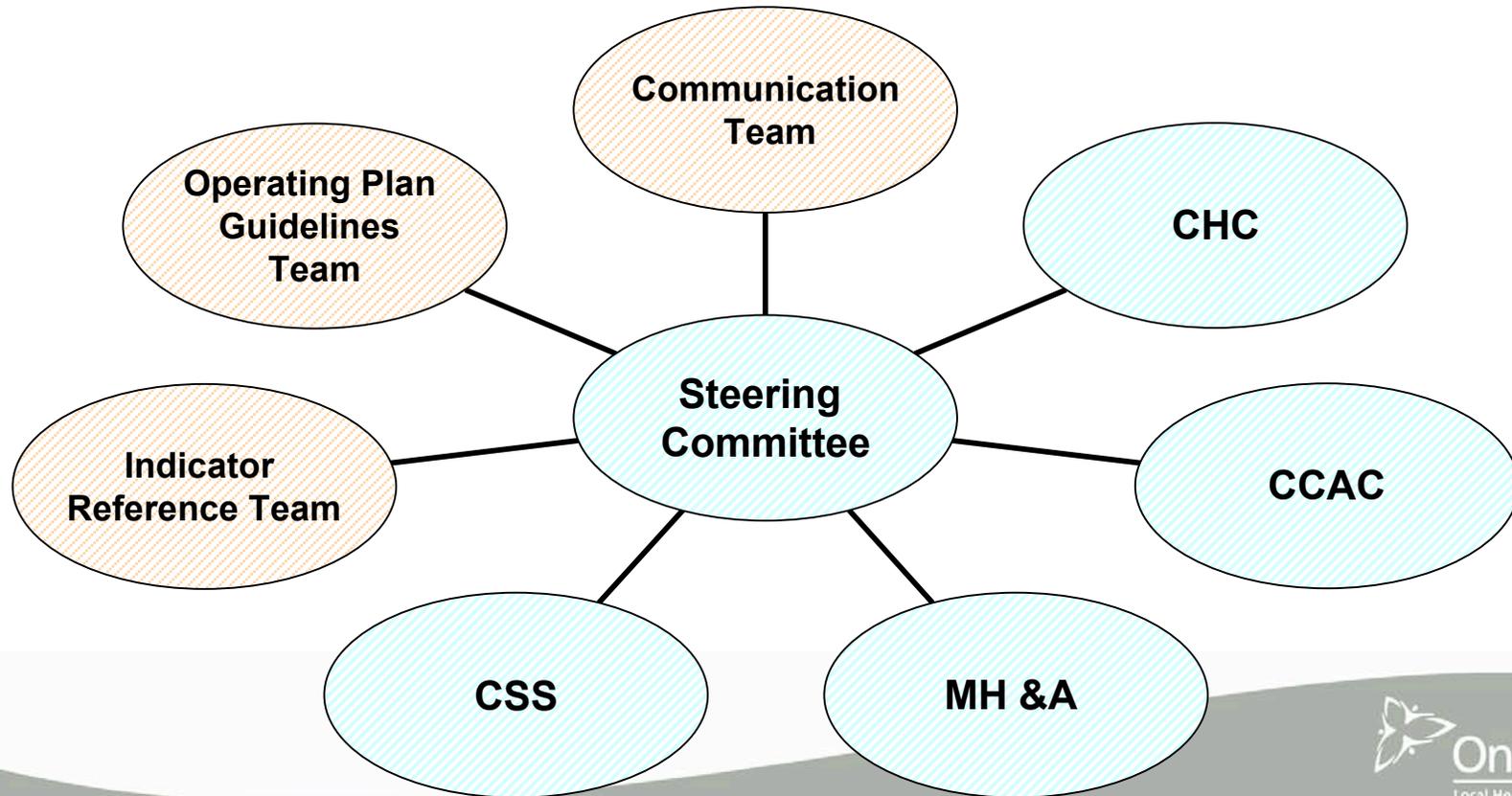
- Requirement under LHSIA and MLAA
- Vehicle to delineate accountabilities and performance expectations
- Tool to support the health care transformation agenda
- Build on existing agreements where possible
- Consistent template agreement for all sectors supported by schedules
- Developed through consultation on the template and schedules with the various sectors
- Negotiation of the performance indicators in the schedules by the individual LHIN-HSP

M-SAA Principles

- Mutuality
- Openness, transparency
- Flexibility
- Realism, pragmatism, achievable
- Streamlined, simplified
- Conformity with LHSIA, MOHLTC-LHIN MOU, MLAA
- Compatibility with the spirit and intent of the LHIN and HSPs role in the health care change agenda
- Conformity of style and terminology with all sector SAAs

M-SAA - The Consultation Structure

LHIN Leadership (Chairs and CEOs)



M-SAA Development Principles

- Reflect the principles in the Ministry –LHIN Accountability Agreement (MLAA)
- Support MLAA direction to strengthen accountability for results.
- Clearly articulate expectations of both parties
- Ensure consistency to support alignment with provincial strategic directions, streamline processes, minimize burden and provide clarity and equity for HSPs and LHINs
- Promote fairness and equitable treatment of health service providers
- Reflect a clear line of accountability for health service providers and “a new world of accountability” in the relationship between LHINs and their HSPs

M-SAA - Timelines and Next Steps

M-SAA Template and Schedules

- ✓ Release Draft Template and Schedules to LHIN Boards (October 3, 2008)
- ✓ LHIN Board approval on Template and Schedules (Mid October to the end of November 2008)

M-SAA - Timelines and Next Steps – (cont'd)

Community Annual Planning Submission (CAPS)

- ✓ Operating Plan Guidelines Released to HSPs (Week of Sept 29th) LHIN wide training on CAPS Guidelines (October 3, 2008)
- ✓ Individual LHIN/HSP education sessions (Month of October)
- ✓ HSP Operating Plans due to LHINs (November 14, 2008)
- ✓ LHIN Negotiations with HSPs (Dec 2008 to March 2009)

Provincial Aging at Home Strategy

- August 2007 Honourable George Smitherman, Minister of Health and Long-Term Care announces provincial launch of Aging at Home Strategy so that seniors can live healthy, independent lives in their own homes
- As part of a three-year \$702 million strategy, Ontario's 14 LHINs will lead an exciting initiative to impact the way services are delivered and help provide more equitable access to health care by matching the needs of the local senior population with the appropriate support services
- Services could include enhanced home care and community support services like meals, transportation, shopping, snow shovelling, adult day programs, homemaking services and caregiver supports

Provincial Aging at Home Strategy – (cont'd)

Breakdown of \$702 million Aging at Home funding:

- First-Year Planning for LHINs \$ 3,000,000
- ***Assistive Devices Program Funding Increase
(mobility aids)*** \$ **40,000,000**
- Provincial Priorities \$ 66,000,000
- Allocations to LHINs \$593,000,000