



Local Health Integration Networks
An overview

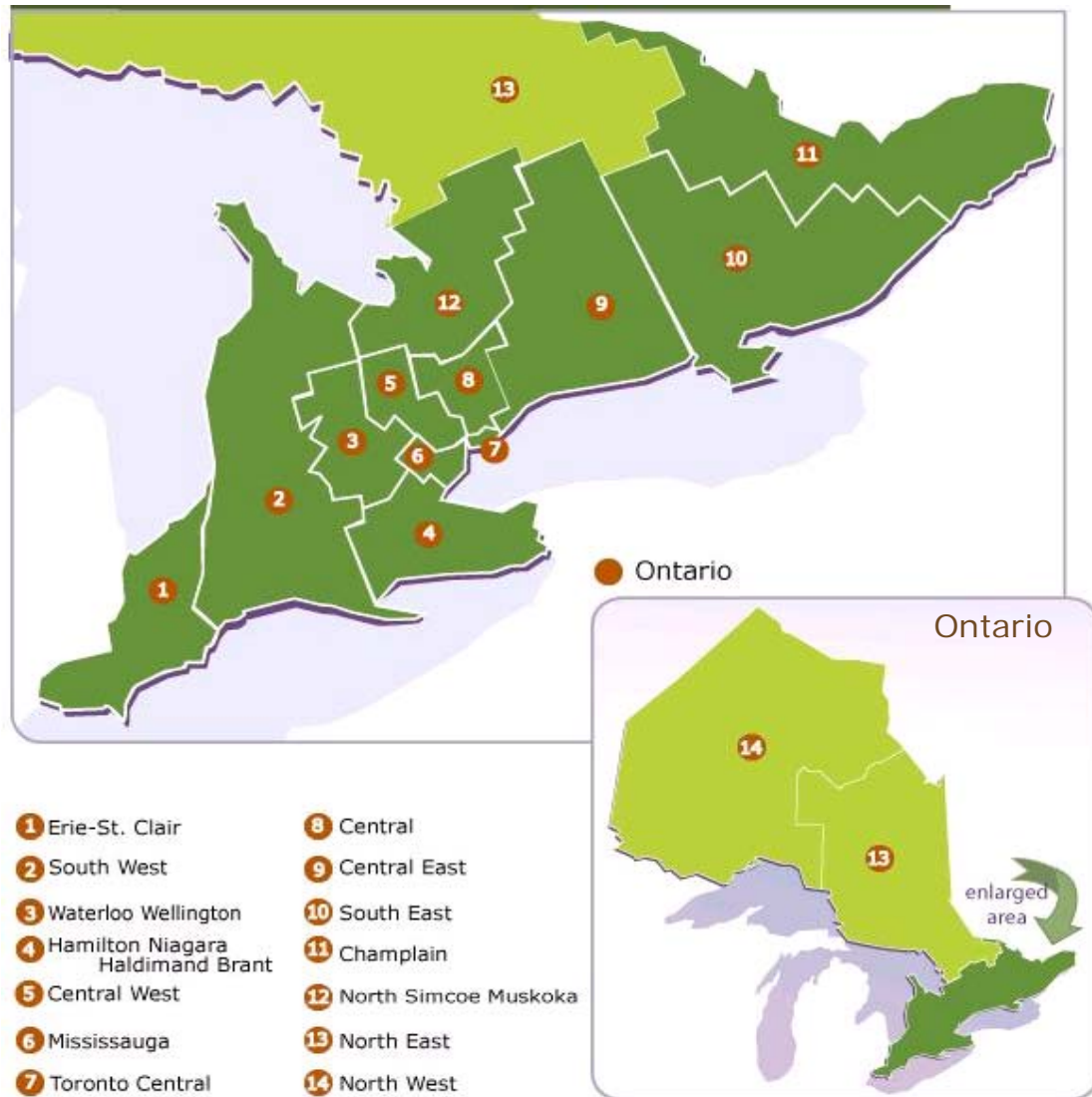
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**Multiple Sclerosis Society of Canada,
Ontario Division
Government Relations & Social Action
Workshop
April 29th, 2007**

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Central LHIN**

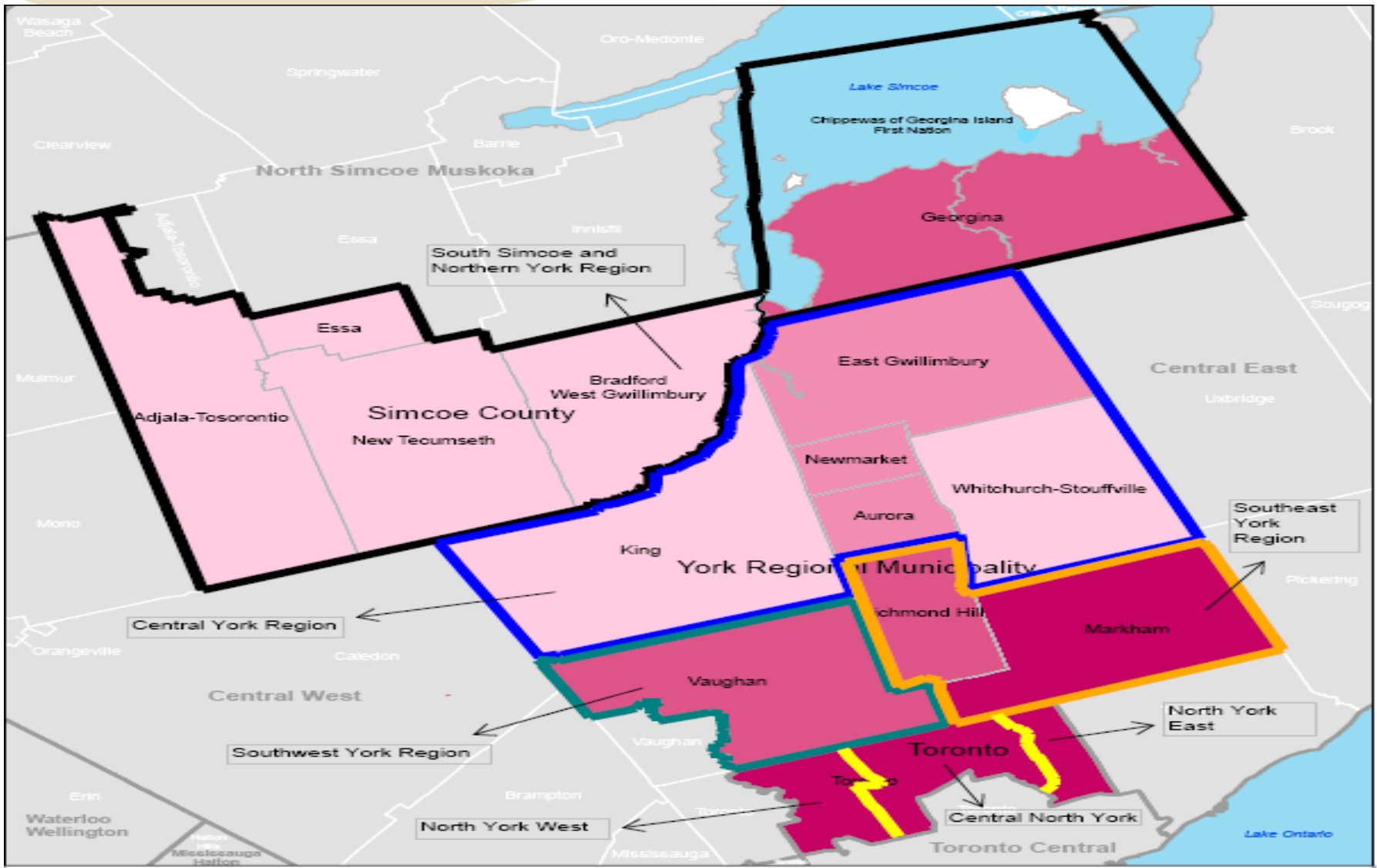
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14 Local Health Integration Networks (LHINs) in Ontario



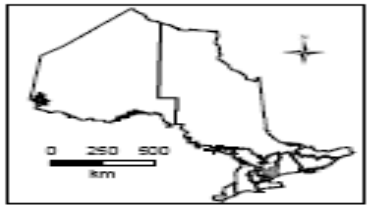
LHINs are each unique

- Geography
 - Eg. Rural, urban, suburban, mixed
- Population
 - Immigrants, aboriginal, french speaking persons, age mix
- Services
 - #s and types of hospitals, physicians, community based services



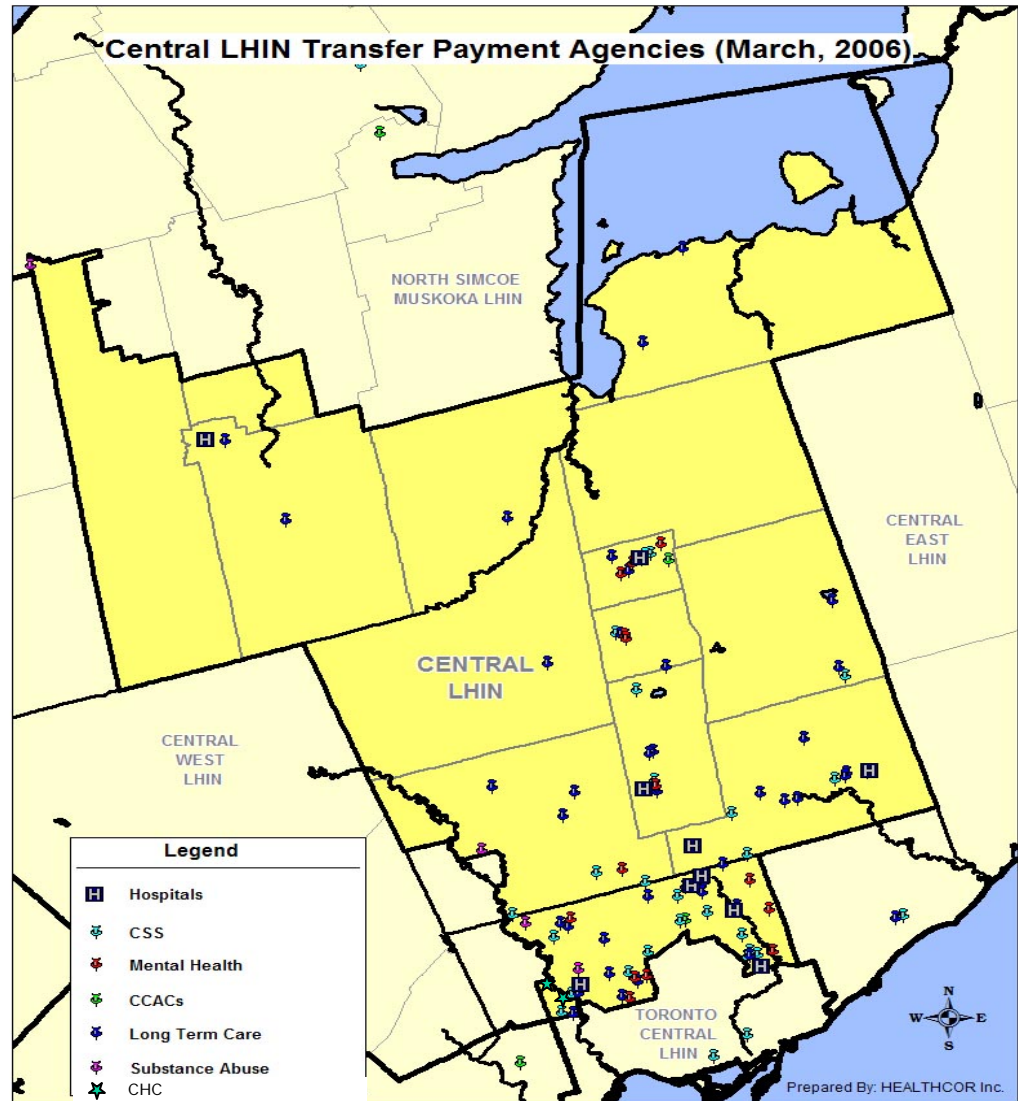
- Economic families below LICO**
- 2.5% - 4.9%
 - 5% - 7%
 - 7.1% - 11.2%
 - 11.3% - 15.4%
 - No Data
- LHIN Boundary
 - Census Division
 - Census Subdivision
 - Other LHIN Census Subdivision

Central LHIN Planning Areas
 Economic Families below Low Income Cut-Off
 2001 Census Subdivisions



Source: 2001 Census Cartographic Boundary Files, Statistics Canada. Prepared for Central Local Health Integration Network by the Health System Intelligence Project.

Central LHIN Health Service Providers



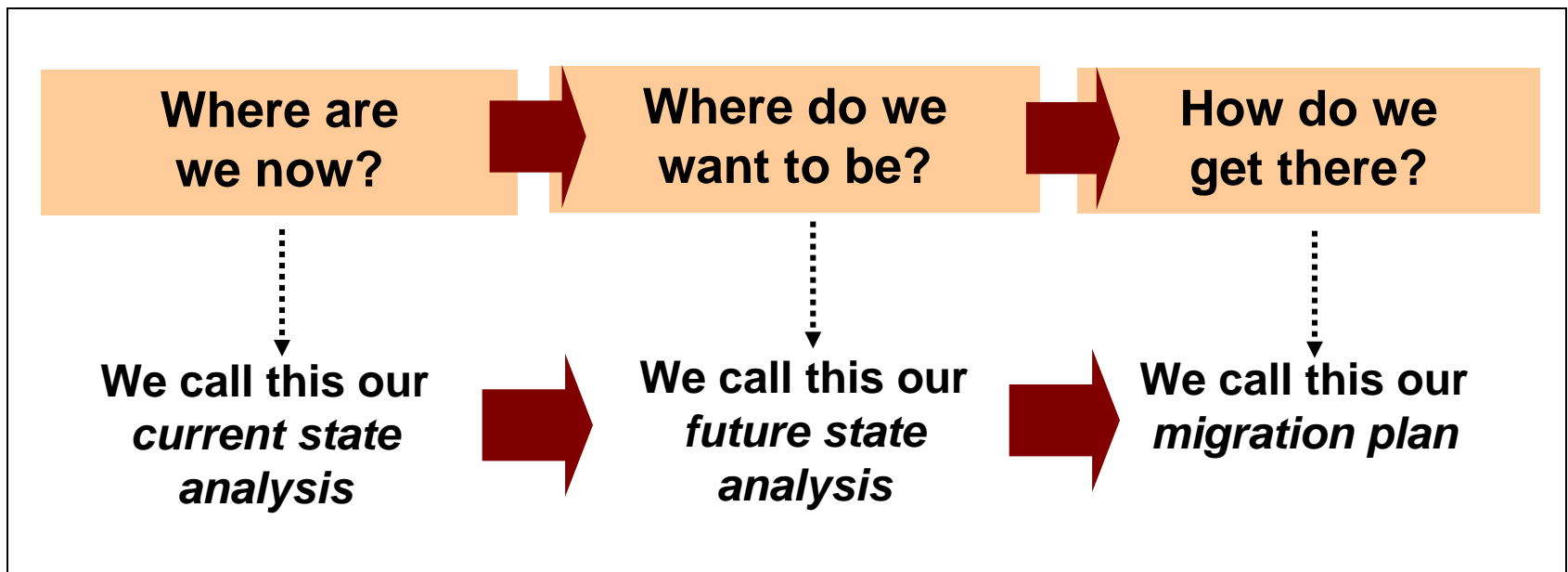
Legislative Context: Principles

- A community's health needs are best identified by residents/patients/clients and their families and Health Service Providers (HSPs)
- LHINs are vehicles to achieve an integrated health system
- All stakeholders, including LHINs and government, must work together to reduce duplication, enhance co-ordination and make it easier to access health care
- Public accountability and transparency will demonstrate good management, facilitate continuous quality improvement and ensure greater efficiency

Legislative Context: Planning and Funding

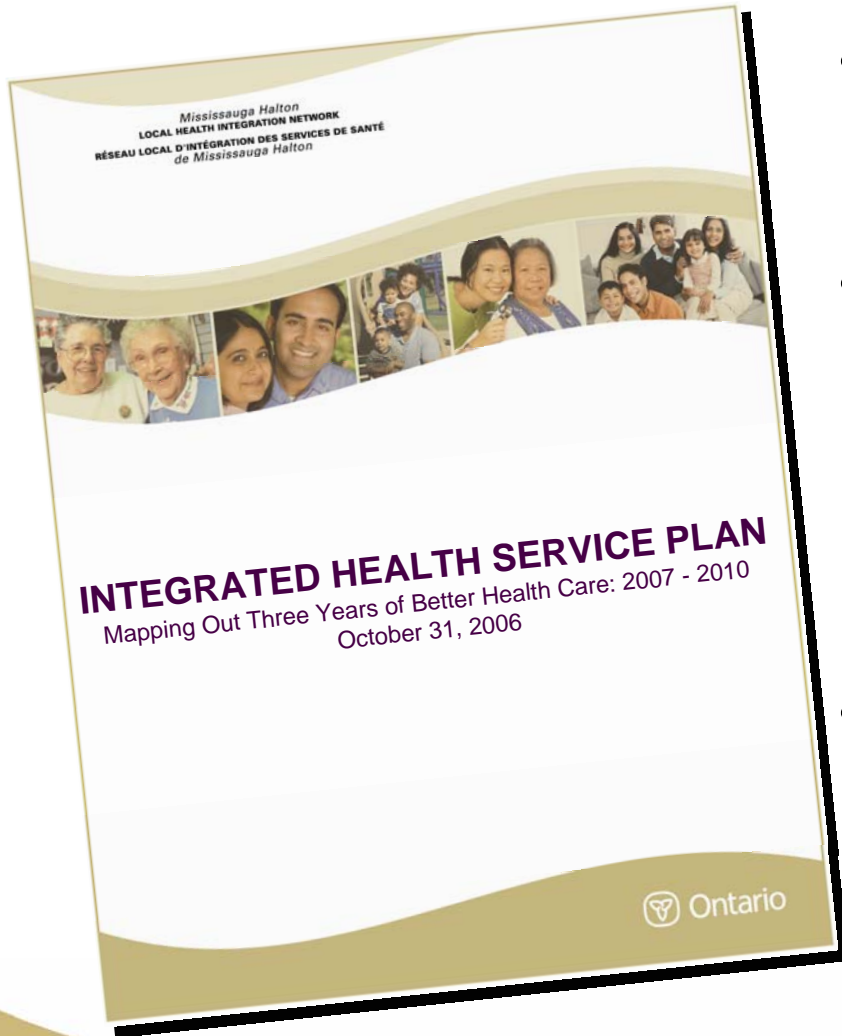
- Engage the community in planning and setting local priorities on an ongoing basis
- Develop Integrated Health Service Plan (IHSP)
- Implement IHSP through funding, Service Accountability Agreements (SAAs) and integration initiatives
- Evaluate, monitor and report to the Minister on the local health system
- Allocate funding to HSPs in accordance with provincial and Central LHIN IHSP priorities
- Negotiate Service Accountability Agreements (SAAs) with HSPs and ensure that performance obligations are met

Planning Approach



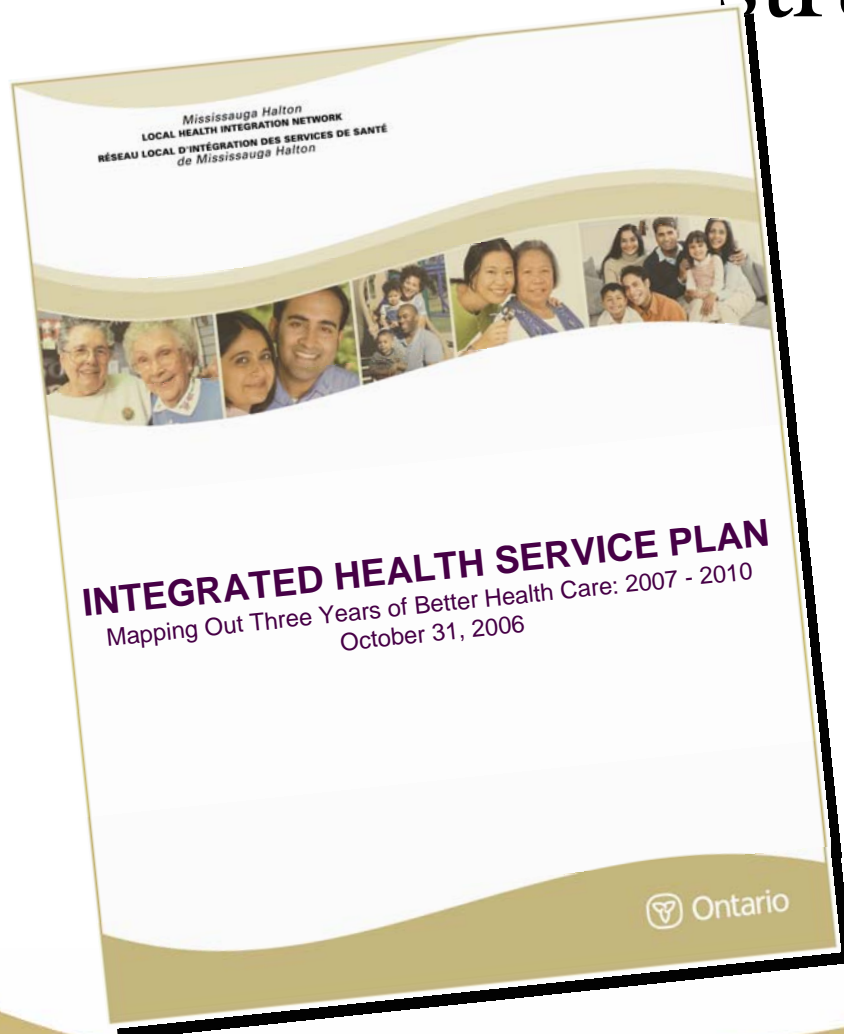
LHINS have been developing Integrated Health Service Plans (IHSP)

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- The plan establishes local health priorities and gives local focus to provincial health priorities
- The plan is guided by and consistent with the provincial vision and strategic directions and developed with input from residents, health service providers and key partners from across our communities
- The Integrated Health Service Plan (IHSP) – the foundation for future planning

The IHSP reports follow a similar structure



- **Part 1 – the Report**

- Provincial context
- Local context
- Environmental Scan – what we learned and what we heard
- Locally defined vision
- Priorities for change
- Current Activities
- Action Plans

- **Part 2 – Appendices**

Our Integrated Health Service Plans

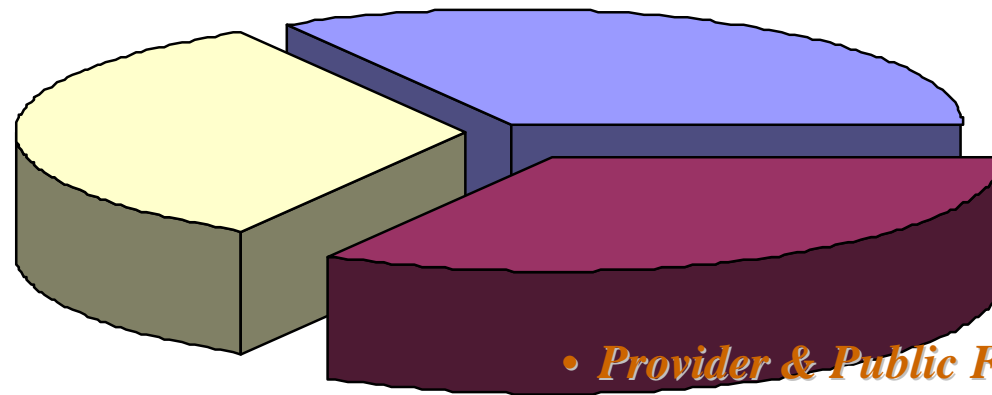
- Have a three year time frame (2007 to 2009), revised annually
- Are rooted in LHIN communities
- Are developed in partnership with all health services providers and stakeholders
- Are consistent with Ministry strategies and policy
- Build on the existing strengths in each LHIN area

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IHSPs for our communities evolved, improved as a result of engaging the public and providers

- *provider / stakeholder organizations / networks*
- *Physicians*
- *Community Organizations & Service Clubs*
- *Cultural Groups*
- *engaging “experts”*
- *consumer panels*
- *Malls*

- *Survey tools*
- *Primary research –polling*
- *Web Survey*



- *Provider & Public Forums*
- *Interviews*
- *Written Submissions*
- *Delegation Presentations*
- *Regular Meetings with Consortiums*

What we have heard so far: Common Themes

- Improved Access
- Better Coordination
- Ease of Navigation
- Enhanced Effectiveness - Quality
- Adequate Resources/Funding
- Greater Equity
- Meaningful Engagement

Legislative Context: Integration

- LHIN and each of its HSPs must identify integration opportunities that will result in the provision of appropriate, coordinated, effective and efficient health services in a more sustainable system.
- Integration includes the coordination, transfer, merger or amalgamation of services among/between different parties to:
 - Remove obstacles to efficient “navigation”
 - Develop and implement “system-wide best-practices”
 - Improve service delivery standards and adoption of best practices
 - Develop “critical mass” to enable the best use of people, equipment and facilities

What should integration look like?

- People get the right treatment at the right time by the right provider
- Need for care based on health status of individual (Population-based, not provider-based)
- Seamless flow of information; information follows the patient
- Includes patient and informal caregivers

Integration

Integration is not a goal or end to itself. It is simply a means to improving the overall performance and “value” system on behalf of the people it serves... the public.

Central LHIN's IHSP Planning



Some common system level themes across LHINS

- System Navigation / Easy movement through the system
- Access to services
 - capacity
 - transportation
 - Linguistic and ethno cultural issues
- Population health improvement
- Broader determinants of health

Common priorities or enablers across LHINS

- Seamless, quality care for seniors
- Coordinated continuum of mental health and addictions services
- Chronic disease prevention and management
- Primary health care
- IM/IT/ehealth
- Health human resources

Other priorities in some LHIN plans

- Maternal child health
- Rehabilitation
- Neurological services
- Education and Research
- Energy and environment management
- End of Life care and support

Moving Forward

- Developing the local approach to moving forward – structures, tools and processes
 - Data analysis, indicator development
- Forming the “action teams” for various initiatives
- April 1 – taking on funding role
- Informing local stakeholders about processes/ expectations
- Continuing our stakeholder engagement – new forms of dialogue emerging

Thank you!

Questions?

Comments?