

Local Health Integration Networks - Letting Communities Decide !

A new model -
A new approach -
A new dialogue -

Monday September 25th
TORC Conference - Sudbury
Dave Murray – CEO

NE LHIN

Government's Vision

“Our vision is of a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stakeholders and services: a system driven by the needs of patients, not providers.”

The Hon. George Smitherman, Minister of Health and Long-Term Care

North East
 LOCAL HEALTH INTEGRATION NETWORK
 RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
 du Nord-Est

LHIN 13

400,000 square km
 -almost 42% of
 Ontario's area

567,900 residents
 - 4.6% of Ontario's
 population



Our challenges...

- Second highest senior population
- Second highest percentage of Aboriginal communities/population
- Highest percentage of Franco-Ontarians (25%)
- Highest unemployment rate
- Most poorly educated
- High incidence of smoking, obesity, binge drinking
- Significantly higher mortality rates:
 - Neoplasms
 - Circulatory System Diseases
 - Respiratory Systems

LHINs -A Made-In-Ontario Solution

- Will respect and support local governance of health delivery organizations
- Will not provide direct services
- Will be built and work alongside community health care providers
- Will not be hard boundaries for patients or physicians

What will be different?

- A new planning framework that allows communities to assess their own needs and make decisions about how to meet those needs
- LHINs will support planning efforts, fund services and ensure outcomes are being met.

The need to engage...

- For too long the system has relied on experts and stakeholders to define what is needed, how much, where, who gets served, who doesn't.
- The public is better educated, better informed (the web!), and far more demanding. (30 minutes or its free mentality!)

A need to inform..

- The greatest challenge we face is one of a new style of communication
- We need input but it has to be “informed”
- The public must better understand the system, the options available and the ramifications of decisions
- Communication must be two way and in depth!

Need for a New Focus...

- Traditionally we have met increasing demands for service by increasing our capacity to deliver service
- More “hips and knees”, more Long Term Care beds, more day surgeries, etc.
- These work but they are *short term* solutions
- We are reaching the limits of our “supply side” approach – We need a long term strategy...
- If we can't expand supply, we better look at “demand”!

Need for A New Focus ...

Example: Chronic Disease Management

- A tidal wave of patients is heading toward us – we can't build a hospital big enough to care for them !
- Must work on “diseases of choice” – IE – lifestyle issues and personal decisions that impact health status
- Best case scenario – self management of health by informed and savvy consumers
- Worst case scenario – systems automatically monitor, prod and minimize impacts of CDM
- Net result – manageable hospitalization rates!

Basic Planning Premises

- Data driven
- Equitable resource allocation
- Alignment with Provincial Goals
- “LHIN within a LHIN”
- Leverage successes
- “Collaboration” is the goal
- Engage, Educate and Communicate

Collaboration Continuum

- Competition – zero sum, win/lose
- Co-Existence – minimal interaction
- Coordination – independent alignment
- Cooperation – joint alignment
- Collaboration – Super-ordinate Goal(s)

Planning Matrix (Draft)

Age	Prevention and Education	Primary & Community Care	Acute & Hospital Care	Rehab & CDM	Institutional LTC	Comprehensive Cancer Strategy	Comprehensive Mental Health Strategy	Information Technology Plan
0-4	Pre-natal, Well Baby, Best Start, etc					Plan that cuts across all age segments and all delivery modalities	Plan that cuts across all age segments and all delivery modalities	Information Technology Plan to Serve Providers and Patients
05-19								
20-44								
45-64								
65 ++	Nutritional & Lifestyle Counseling, Screening	Ongoing Care, Pat. Init. Demand, In-home Services	Routine vs. Acute Episod (Care Maps, etc.)	Coordinate early discharge and avoid admissions via CDM	Multi-level care to meet patients needs			
Comprehensive Cancer Strategy & Plan								
Comprehensive Mental Health Strategy & Plan								
Information Technology Plan								

Each Row will have a "Lead" and Each Column Will Have a "Lead"

Each Cell will have a Coordinator

Other Members will be added as required

So what does this mean for rural Ontario....?

- Rural Ontario will face a more fundamental change in the way health care is delivered than our urban cousins.
- This will be due to a lack of health human resources, (and policies that favour urban practice over rural practice), a growing expectation regarding levels of care and
- A more demanding sector of “baby boomers” who will not accept the status quo!

What is the best course of action?

- First and foremost understand that it is **YOU and YOUR LOCAL PROVIDERS** who know more about how services are delivered, how they should be delivered and what makes the most sense for your community and rural Ontario
- **DO NOT LOOK TO TORONTO TO SOLVE YOUR PROBLEMS!!!!**

Realize that the situation is changing profoundly...

- Physicians are redefining their role.
- Issues of lifestyle, responsibility and accountability are far different today than there were 15 - 20 years ago
- Physician DNA is pretty well set – our role is to find ways to support our physicians so that they can continue to serve our communities.

- Dr. Thomas Mayer, MD MBA, for the Journal of Postgraduate Medicine, entitled “Regaining control of your practice: Physician empowerment through active 'followership'”
- “I believe that a cure for the problem exists, but it may be too bitter a pill for many physicians to swallow because it involves compromising personal autonomy. No quality is more highly prized by physicians and more detrimental to our survival in the rapidly changing healthcare environment. In medical school, we thrived in an atmosphere of independence and competition with our classmates.

- Let's be honest and admit that physicians as a group lack the structural integrity to deliver the level of service now expected by our patients and demanded by whoever is paying for it. More important, we lack the psychological wherewithal to function organizationally. Certainly we understand and appreciate effective leadership and have often served in that capacity, but physicians collectively fall short in the ability to follow. We take direction poorly and rarely function collaboratively.

- For most of us, the model of teamwork is baseball, where a collection of well-paid superstars are judged by personal performance with occasional situational collaboration, like a double play. We accept the football model of teamwork, where one individual directs an unquestioning cadre of supporters with special skills toward the goal line, only when we are the quarterbacks heading a team of non-peers.

- But where in medicine do we follow a basketball (*ed: hockey*) model of teamwork, in which a collection of peers appropriately takes responsibility as dictated by the situation, then relinquishes it in a similar manner? That sort of teamwork is critical to the effectiveness of many organizations, yet it does not fit the psychological makeup of most physicians.

- We must build systems that support physicians in what they do best – assess, diagnose and heal!!!
- Physicians are too valuable a resource to society to have them do functions which can just as easily be done by other practitioners,
- IE – CHF counseling, diabetes management, screening, etc.

It is not about bricks and mortar!

- Cheryl Scott – CEO Group Health Cooperative
Puget Sound – Seattle
- “When the only tool in your toolbox is a hammer
– every problem starts to look like a nail”
- We tend to define problems/success in relation to
beds – Acute, Surge, ALC, CCC, LTC, Rehab –
- Perhaps it is time to change the focus of our
discussion and deliberations – especially in rural
areas!

The message to Rural Ontario

- Health care is rapidly changing..
- Your communities will be less served by the availability of beds in a small hospitals and better served by the availability of chronic disease management programs, prevention programs, screening programs, etc.
- You cannot have it all – the enlightened hospitals will understand their new role but they will require local political support to be successful!!

*The key to successful leadership
today is influence, not authority.
-- Ken Blanchard*