

January, 2006

A New Year's Greeting from the Board Chair

Six months ago, I was privileged to be appointed as the Chair of the Central Local Health Integration Network (LHIN), one of 14 LHINs across Ontario. In addition to my appointment, I have been fortunate to benefit from the appointment of our two other founding Board members, these being, Arthur Walker, Vice-Chair and Sandy Keshen. Early in the New Year, we are anticipating the appointment of the remaining six Board members.

LHINs were established to implement the Government's health transformation agenda of improved access to health services for Ontarians through coordinated local planning, integration and funding of health services. LHINs formally came into existence this past summer. The recent tabling of the legislation governing LHINs by the Honourable George Smitherman in November has described our proposed mandate, and enshrined the importance of community and stakeholder engagement in fulfilling this mandate.

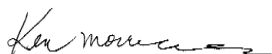
The inception of LHINs has been an exciting and long anticipated undertaking. Since the formal establishment of the Central LHIN, we have undertaken several activities and witnessed some key milestones, including:

- the appointment of our founding Board members
- the recruitment of our CEO and Senior leadership team;
- a series of 'meet-and-greet' sessions for our "Transfer Payment Agencies" in select communities throughout our LHIN;
- public information sessions as a part of the community-based Board recruitment process;
- a dozen Dialogue sessions attended by CEOs/Executive Directors and Board Chairs from close to 100 of the Central LHIN Transfer Payment Agencies;
- meetings with more than 60 healthcare agencies/organizations involved in the provision and coordination of health services to the residents of the Central LHIN; and
- the opening of our Central LHIN office in Markham

In addition to these activities in Central LHIN, it has been exciting to be a part of a more extensive effort to build a province-wide LHIN team of Board Chairs, founding Board members and CEOs. This Provincial LHIN team has been working closely with the Health Results Team of the Ministry of Health and Long Term Care to develop common approaches and solutions to the challenges faced across all LHINs and in achieving the goals of the health transformation agenda.

A key goal of the LHIN initiative is to use greater service integration to improve the accessibility of health care, which will allow people to move more easily through the system. The dedicated, committed and knowledgeable health care professionals and community members we have met during the past six months have clearly shown that this goal can and will be attained, through our work together.

Yours truly,



Ken Morrison
Chairman of the Board of Directors,
Central LHIN

Our Central LHIN Leadership Team

Hy Eliasoph

As CEO for the Central LHIN, Hy Eliasoph brings a wealth of knowledge and experience from over 20 years in the healthcare field. Prior to taking on his current role as CEO, Hy was a Firm Director with the National Health Services Consulting Practice of Deloitte Inc., working across the country with acute hospitals, Regional Health Authorities, Ministries/Departments of Health, Community Care Access Centres, Provincial and National Associations and Organizations and numerous healthcare organizations in both the public and private sector.

Prior to joining Deloitte, Hy was the Senior Director of Strategic Health Policy at the Ontario Hospital Association (OHA). He was instrumental in leading the groundbreaking work at the OHA in developing the first-ever hospital report card/balanced scorecard in Canada and Province-wide patient satisfaction survey. He also served as the first Executive Director of the Ontario Joint Policy and Planning Committee (JPPC). He has consulted to, and worked with, various Ministries of Health, and in several diverse portfolios at the Foothills Medical Centre in Calgary.

Hy holds a Masters Degree in Urban Planning from the University of Alberta, is part-time Faculty at the University of Toronto, Department of Health Administration, and is a certified and active member of the Canadian College of Health Services Executives.

Lynne Lawrie

Lynne Lawrie joins the Central LHIN team as the Senior Director, Planning. Lynne brings more than 20 years of experience in major health system planning, integration, community engagement and policy development. Prior to taking on her new role with the Central LHIN, Lynne was the Executive Director of the Toronto District Health Council, an organization where she filled several roles over a fourteen year period. Prior to joining the Toronto District Health Council, Lynne held several positions in government, including Management Board of Cabinet.

Paul Barker

Paul Barker joins the Central LHIN team as the Senior Director, Performance. Paul brings more than 20 years of experience in financial and information management, planning, policy and decision support, and issues and operations management. Prior to taking on his new role with the Central LHIN, Paul spent 17 years at the Ministry of Health and Long Term Care in several areas relating to performance measurement, contract management, funding and budget allocation and data and decision support. Prior to joining the Ministry, Paul worked for various companies in the private sector focusing primarily on operations.

Anna Themelis

Anna Themelis is the Executive Assistant for the Central LHIN, providing support to the LHIN Leadership Team and Board of Directors. Anna has over 25 years experience in a health care setting and 15 years in senior administration. She held executive administrative positions at Markham Stouffville Hospital, The Hospital for Sick Children, and most recently at North York General Hospital.

Dialogue Sessions

In the Fall, 2005, all Central LHIN Transfer Payment Agencies (TPAs) – those organizations funded by the Ministry of Health and Long Term Care, were invited to participate in a series of Dialogue sessions. Twelve sessions were held with attendance from over 120 people from almost 100 TPAs. The sessions were organized by sector, including hospitals, long term care, mental health and addictions and community support services. The purpose of the sessions was twofold: (1) to provide information on LHINs in general, and the Central LHIN, in particular; and (2) to engage participants in a dialogue on key issues, priorities, opportunities and challenges.

The feedback from the sessions was summarized and validated by sector, and a compendium of cross-cutting and common themes, issues and priorities was compiled and distributed to all TPAs. The compendium, intended to be used as an input into the planning activities that will be undertaken in 2006, is reproduced.

Compendium of Themes, Issues and Priorities

Integration and Continuum of Care

- Need new approaches to common problems
- Services are typically planned and delivered from an organizational perspective; the perspective needs to shift to patients/clients
- Little sharing of information (i.e., plans for service delivery, patient/client care)
- Many examples of collaboration, cooperation, and integration – most are not well-known
- Funding incentives do not support integration
- Multiple bottlenecks to patient/client flow across sectors, with few attempts at systemic solutions
- Chronic disease management approach holds significant potential to achieve integration
- Downloading and off-loading of services lead to gaps and unmet needs
- Need to build capacity outside hospitals to provide appropriate, cost-effective care and services
- Rising acuity and complexity of patient/client needs across all sectors
- Managing transition/hand-off points during transformation to enable a true system

Access

- Focus on better access in selected geographic areas
- Better demand management through consumer education and empowerment
- Focus on wait times may consume resources for other needed services
- Coordinated effort to reduce wait times is needed
- New needs and challenges created by people living longer, especially special needs populations
- Diverse linguistic, ethnic and cultural needs

Funding – Operating

- Relentless cost pressures (e.g., inflation, wage settlements, demographics, growth)
- Population, needs-based funding
- Funding should follow the patient/client across sectors and, where needed, across LHINs
- Multi-year funding
- Incentives used to drive integration
- Use funding to drive efficiencies
- Link funding and planning

Funding – Capital

- Linking capital and operating dollars – LHINs do not have responsibility or authority over capital decisions, can only recommend
- Infrastructure required to replace/improve existing stock and to meet increasing demand driven by growth
- Impact of MOHLTC capital announcements on future plans
- Capital requirements for building capacity

Health Human Resources

- Capacity gap stemming from shortages – causes competition for scarce resources
- Skills gap from changing patient/client needs – need for more training
- Salary gap – wage differentials between hospitals, long-term care, community services
- Aging workforce
- Working conditions – variable and few concerted/widespread efforts toward improvement

IM/IT

- Systems and infrastructure is fragmented and concentrated primarily in hospitals; minimal capacity outside hospitals
- Information is essentially organization-based; not used beyond the information custodian
- Need for sharing patient/client information electronic health record (EHR)
- Opportunities to leverage existing systems and infrastructure, and extend expertise and resources beyond current concentration

Accountability

- The role and responsibilities of LHINs needs to be defined
- Accountability of LHINs to the MOHLTC needs to be defined
- Accountability relationship between Transfer Payment Agencies and LHINs needs to be defined
- Performance measurement framework and linking performance to funding
- Streamline reporting requirements – are LHINs an add-on?

Stakeholder Engagement

- Equitable and rational involvement among all organization
- Input and feedback is needed from multiple sources through multiple venues
- Stakeholder engagement must reflect, and be sensitive to, ethno-cultural, linguistic, and other less-known demographic diversity (i.e., education, income, relative health)

Central LHIN-Specific Priorities

1. Services for Seniors – potential opportunity with the relocation of the Grace Hospital
2. Mental Health & Addictions
3. Chronic Disease Management
4. Emergency Services coordination
5. Alignment with academic health sciences centres

Looking Ahead

2006 is shaping up to be a busy and exciting year. The focus for the Central LHIN – and all LHINs, will be on the development and delivery, by September, of our Integrated Health Services Plan (IHSP), as mandated by the Ministry of Health and Long Term Care. The IHSP will provide the basis for subsequent decisions respecting integration activities and initiatives and corresponding resource allocation for all Transfer Payment Agencies in the Central LHIN.

In developing the IHSP, we will undertake the continuous and extensive engagement of all stakeholders in the Central LHIN, building on the extensive engagement already initiated through the Dialogue sessions and other venues. As promised, in the coming weeks, we will seek your feedback on our proposed stakeholder engagement strategy. This feedback is important in ensuring that the level, type, frequency and intensity of engagement is consistent with your expectations, is flexible to accommodate changes throughout the process and provides meaningful input.

Meaningful and relevant engagement will be essential to fostering stakeholder ownership of the IHSP. Such ownership will serve to produce a plan with the credibility and durability necessary to move beyond planning to implementation, including the integration and funding of health services for the Central LHIN TPAs. We invite all TPAs and other stakeholders to participate in, and contribute to, the development and implementation of the IHSP for the Central LHIN.

To support and enable LHINs to fulfill their mandate, the Government of Ontario has tabled legislation (Bill 36) that has passed second reading in late 2005. The proposed legislation is intended to provide LHINs with the authority, over time, to plan, integrate and fund health services.

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