



Local Health Integration Networks (LHINs) Announcement Issue Sheet 8 October 2004

Background

The Government of Ontario first announced their intent to transform the health care system in a speech by Minister Smitherman February 24th 2004 at the Economic Club of Toronto. The Minister proposed far-reaching reform aimed at creating a health care *system*. In order to relieve pressures on hospitals and allow them to focus on the kind of care only they can provide, community-based services will be strengthened and integration and coordination across the continuum of care will be improved. Unlike previous reform efforts, the transformation process is being planned and implemented by government.

Government priorities are revealed in the launch of 14 transformation projects listed in the side bar. In a letter to health care provider organizations July 14th 2004, the Minister announced the creation of Local Health Integration Networks (LHINs). On September 8th, the Minister hosted a press conference where he emphasized cost pressures, a new federal-provincial partnership and an “appetite for action” in the province. The Minister introduced the transformation project leads, the “Health Results Team”:

- /// Dr. Alan Hudson, as lead of access to services/wait times
- /// Dr. Jim MacLean, as lead of primary care
- /// Gail Paech, as lead of systems integration
- /// Adalsteinn Brown, as lead of information management
- /// Gloria Bishop, lead of external communications
- /// Barbara Hall, lead of community relations.

LHINs fall under the project “Creating a System”, but are also the enabling structure to deliver other priorities such as reduced wait times, investment in the community, and improved accountability. LHINs are expected to plan, coordinate, integrate, manage and fund health services within a defined geographic area. A common set of boundaries among components of the health system may enable the development of local system plans that are backed up by the information systems, resource allocations and accountability mechanisms required to support implementation.

Transformation Projects

1. Reduced Wait Times Framework
2. Chronic Disease Prevention & Management Framework
3. Health Human Resources
4. Population Health
5. Public Health Renewal
6. Quality & Accountability
7. Critical Care Capacity
8. Investing in Community
9. Family Health Teams
10. Managing Drug Program Growth
11. Creating a System
12. System Multi-Year Funding Strategy
13. e-Health Strategy
14. Aligning Internal Ministry

What is in the Announcement

The Ministry of Health & Long Term Care on October 6th 2004 announced the creation of a LHIN website (<http://www.health.gov.on.ca/transformation/>), regular bulletins and provided additional information regarding:

- /// Principles guiding LHIN mandate and responsibility
- /// A list of health care sectors that will be aligned with LHINs
- /// Geographic boundaries of the 14 LHINs
- /// Governance model and board appointments
- /// Future communications
- /// A request for feedback on three specific questions by 15 October.

Summary of Contents

The 14 LHINs will plan, coordinate, integrate, manage and fund health services for a defined geographic region. The purpose of LHINs is to ease the movement of people across the continuum of care so that they get the best care, in the most appropriate setting, when they need it. Existing health care providers will continue to provide care and treatment services and organizational boards will remain intact.

Principles

The principles for the establishment of LHINs are:

- /// Equitable access based on patient need.
- /// Preserves patients' choice.
- /// Measurable, results-driven outcomes based on strategic policy formulation, business planning and information management.
- /// People-centered, community-focused care that responds to local population health needs.
- /// Shared accountability for providers, government, community and citizens.

Health Care Sectors

The LHIN announcement does not define which providers will be in the LHINs or how organizations that provide service in multiple LHINs will be addressed. However, in making the case for LHINs, the Ministry describes the health care system as comprised of the following components, which will presumably be included in the mandate and scope of LHINs.

581 long-term care facilities

42 Community Care Access Centres

55 Community Health Centres

600 Community Support Service

Agencies

353 mental health agencies

150 addictions agencies

155 hospitals

5 Health Intelligence Units

37 local Boards of Public Health

70 community and public health labs

16 District Health Councils

7 Regional Ministry offices

Geographic Boundaries

Using evidence-based methodology in collaboration with the Institute for Clinical Evaluative Sciences (ICES), the MoHLTC created the 14 LHIN geographic boundaries based on the referral patterns to high volume hospitals¹. A “localization index” was developed by dividing the total number of local hospitalizations by residents of the area by the total number of hospitalizations for residents in the area. This measure tells how many people in an area travel outside the area for treatment. For each of the LHIN areas, between 58% (Central West) and 97% (Champlain) of people admitted to hospital did so in their area. The higher the number, the more likely residents received their treatment locally. The announcement does not indicate the type of hospital admissions used to develop the index, nor the time period used for analysis. A chart detailing the population size and the measure of degree of localization of health services is attached.

The boundaries will be permeable for clients; people will be able to continue to move across areas to see their health provider of choice.

Governance and Accountability

LHINs will be community-based organizations governed by a Board of Directors and bound by performance agreements with the Ministry. Board members will be appointed by Order-in-Council (cabinet). Board members will be selected using a merit-based approach that considers expertise, experience, leadership skills and understanding of local health issues, needs and priorities. Clear and understandable guidelines for the appointment process are to be developed. The process for nominations of candidates has not been announced.

Communication and Request for Feedback

The Ministry is utilizing the LHIN website (<http://www.health.gov.on.ca/transformation/index.html>) to post bulletins and elicit feedback as the details are announced. At this stage, three questions are posed **for comment by October 15th**:

1. What examples of healthcare integration already exist in your LHIN area?
2. What are the critical success factors for the successful implementation of the LHIN in your area?
3. What role can you and your organization play in collaboration with the Ministry as the LHIN planning work continues in your area?

¹ A province wide map of the boundaries is attached. For detailed maps of each region, please visit the Ministry of Health and Long Term Care LHIN site at: http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html.

Sector Key Messages in Response:

1. We applaud the government's acknowledgement of the critical role of community-based services and look forward to continued investment to ensure the capacity is in the system to reduce hospitalization and meet people's needs in the community.
2. Mental health and addiction services are an integral component of the health care system and we are gratified the Minister has continued to champion the needs of the most marginalized populations.
3. Consumers and families must be at the center of the transformation agenda and involved in all aspects of planning, decision-making, implementation and service delivery.

Next Steps:

CAMH, CMHA-Ontario and the Ontario Federation of Community Mental Health and Addiction Programs are working together to develop pro-active responses to the transformation agenda. Activities included a full day working session for the mental health and addictions sector (Sept. 14th) to discuss how the transformation agenda will affect the mental health and addictions sector. Our next steps are:

1. Issuing a public statement of response to Ontario's health care transformation agenda.
2. Preparation of a report of our advice about the principles and criteria for assessing change and ensuring better care and treatment for people with mental illness and addictions arising from the September 14th session.
3. Continued development of collaborative, sector-wide approaches for proactive participation in government's consultation process.