Office of the Commissioner of Health Services
and Medical Officer of Health

October 15, 2004

To: Ministry of Health and Long-Term Care

Re: Transforming Healthcare

This letter is in response to the announcement regarding Local Health Integration Networks (LHINs) made by the Ministry of Health and Long-Term Care on October 6, 2004 and represents the views of the Health Services Department, The Regional Municipality of York.

The Department clearly supports the principles of people-centred, community-focused care that responds to local population health needs, patient choice, and equal access to health care services. It also believes in the provision of services across the continuum of care and the evolution to a seamless health care delivery system, tenets on which the proposed LHINs' structure has been built.

As presented, the announcement regarding the LHINs raised many questions and a number of dilemmas for the Department. These are outlined below.

The Health Services Department operates as one of six Departments within The Regional Municipality of York. The Department is an excellent example of integration of health care services, having some 914 FTEs who work in three operational areas: Emergency Medical Services, Long Term Care and Seniors Services and Public Health Services and in supportive functions including finance, communication, community development, population health surveillance and long-range planning.

The Health Services Department provides services to all age groups of York Region residents. This is a somewhat daunting task given the sustained rate of growth that York Region has experienced over the past ten years. The Region, one of Canada's fastest growing municipalities, is expected to grow by 35,000 additional residents each year for the next five years and additionally after that. This accelerated rate of growth coupled with rapidly changing demographics and increasing diversity of the population is having, and will continue to have, a dramatic impact on the demands for health care services as well as the manner in which these services are promoted and provided.

The Health Services Department enjoys excellent partnerships with the three Regional hospitals, and other health care and community service agencies such as the Community Care Access Centre of York Region, York-Durham Aphasia, York Central Behavioural Management Services, York Region Alzheimer's Society, Simcoe-York District Health Council, Central East

Health Intelligence Unit and York Region's Human Services Planning Coalition. The Department has recently catalogued over 600 partnerships in which it is an active participant. These include partnerships across the GTA.

The following represents the Health Services Department's response to the three questions posed in the LHIN Bulletin #1 document:

1. What examples of healthcare integration already exist in your LHIN area?

As mentioned above, the Health Services Department itself is an excellent example of integration of three diverse health care operational businesses and a number of support systems—all related to the coordination, planning and delivery of health-related programs and services.

The Health Services Department is also an active member of the York Region Human Services Planning Coalition, a 16 sector body established in 2001 to pursue long-term, sustainable, integrated planning and funding solutions for human services in York Region. Health-related services are represented primarily in the Community Health Care sector, the Hospital-based Health Care sector, the Seniors and Special Needs sector and the Police/Safety sector, although all sector members of this coalition have an impact on the determinants of health.

The Health Services Department is an active participant in over 600 partnerships. These partnerships are related to health promotion, public education, disease prevention, health protection, and the direct provision of health care service. Sharing of resources, increased service efficiencies, reduced duplication of efforts and ensuring consistency of messaging are a few of the many benefits of these partnerships. The Department partners with York Region health and community care agencies as well as with other GTA health units and organizations.

2. What are the critical factors for the successful implementation of the LHIN in your area?

a) *Review and clarification of the LHIN boundaries as articulated in the October 6, 2004 announcement, specifically the boundaries for the Central, Central East and Central West LHIN areas.*

The LHINs announcement stated that "a common set of boundaries across the system will facilitate the proper integration of health care services and will ease the movement of people across the continuum of care." Currently the provision of Department programs and services as well as planning for health care services for York Region residents, in conjunction with the Human Services Planning Coalition, the Simcoe-York District Health Council and others, is based on the geographical boundaries of York Region. Programs and services are planned, coordinated and delivered to all nine area municipalities that comprise York Region.

The LHINs announcement has created a situation in which York Region—the geographic entity—is potentially divided between as many as four LHIN areas: Central, Central East, Central West and North Simcoe Muskoka. Clarification of the exact boundaries for these LHIN areas is

required by the Ministry of Health and Long-Term Care in order to perform further impact analysis. It is suggested that at the very least written text accompany the maps for further clarification.

A significant feature of this division is that two area municipalities, Whitchurch-Stouffville and Markham, are included in the Central East LHIN while the majority of York Region is within the Central LHIN. In addition, the Central LHIN boundary extends far south into Toronto.

Many strategies to coordinate program delivery have been developed in order to keep care for residents accessible within York Region boundaries. York Region health care partners have worked strategically amongst themselves and with the Ministry of Health and Long- Term Care to site programming, including certain specialty programs (e.g. cardiac care, dialysis), as close to home as possible. Because of its vast geographic area, distances between the north and south of York Region are often still difficult to manage for residents and their families. The current Central LHIN boundaries will be seen to further disadvantage residents of northern York Region if programs in Markham Stouffville Hospital cannot be accessed by these residents and travel to Toronto (within the Central LHIN boundary) is required.

b) *Clear identification of the health care agencies that are included or excluded from the LHIN structure and an outline of how those agencies excluded from the structure will be affected/influenced by the LHIN in their area.*

The Health Services Department successfully integrates three very different health care businesses. It is of concern that two of those businesses and a significant portion of the third have not been addressed as being part of the LHINs system in the section "Why LHINs?" in Bulletin #1 nor have they been specifically excluded. Further clarification by the Ministry of Health and Long-Term Care is required as soon as possible. The impact on our own successfully integrated health care entity may be extremely significant depending on what health care programs are included and/or excluded from the LHINs and the relationships of excluded services to the LHIN's structure.

Since the October 6, 2004 announcement, it has been identified that Public Health Units will not be part of the LHINs' structure. Although this requires further confirmation, if this is the case, then the relationship of the Public Health Unit (PHU) to one or more LHINs, particularly where there is no matching of boundaries, will be fascinating to unravel. In addition, the relationship of the PHU to the other health care services particularly those that are currently in the Department structure will need to be determined.

It is significant to the Department that there is no mention of the role of land ambulance with respect to the proposed LHINs and that Emergency Medical Services have not been included in the list provided in LHINs announcement. It seems unusual that the model chosen for the LHINs is based on acute care hospitals and their referral patterns and yet the service that provides transport back and forth to these facilities has not been consulted about its relationship/role. The Health Services Department would welcome dialogue with the Ministry of Health and

Long-Term Care on the future of York Region EMS, and land ambulance in general, as soon as possible. A confounding factor for our particular EMS service is that the York Region Base Hospital Program is physically located at Markham Stouffville Hospital. It has been proposed that this hospital form part of the Central East LHIN while the majority of York Region is located in the Central LHIN.

Further, the recent announcement included long term care facilities as part of the LHINs but did not mention a significant portion of services that are responsible for increasing the independence of Ontarians and maintaining them in their homes so that admission to LTC facilities can be avoided or delayed. These services include Supportive Housing, LTC Day Centre programs, Client Intervention & Assistance Services and Regional Psycho-geriatric and Mental Health Consulting Services. The role of these community–based long term care programs requires further clarification and the Health Services Department would welcome dialogue with the Ministry of Health and Long-Term Care on this issue.

c) A philosophy that takes into account all health care service providers and broadens its focus beyond the treatment of disease.

It is very disappointing that the proposed LHINs' structure is focused on acute care hospitals and their referral patterns and that patient referral patterns to other health care providers were not taken into consideration. At a time where a transformational health care agenda could take on a philosophy that focuses on health promotion, the prevention of illness and the protection of health, it appears that the MOHLTC has again decided that its new health care structure will focus on the delivery of care when one is already ill, e.g. on treatment or intervention. Further, it is a concern that the agendas of the acute care hospital sector will again dominate any decision-making regarding health priorities, planning and funding within any given LHIN. LHINs should not be hospital-centric or dominated by the acute care sector.

d) An alternate governance model than that proposed in the announcement.

Given that the acute care sector appears to be dominating its membership, it is our opinion that an objective, impartial governance model should be established for the LHINs. It is our opinion that LHINs should either be directly operated by the Ministry of Health and Long-Term Care or by publicly elected boards and not by boards appointed by an Order-in-Council.

Failing that, the governance model chosen should ensure that other health care agencies that are either part of the LHINs or who may be excluded from the LHINs but have a major impact on responding to local population health needs also form part of the LHIN governance structure. Consideration should also be given to integrating the governance structure of the LHINs with the existing Boards of Health.

e) Revisit the dissolution of agencies such as the Health Intelligence Units (HIUs) who provide immense support to their health partners.

The Health Intelligence Units represent another type of integrated service provision. They provide reliable, accurate, evidence-based support to their academic, Health Unit and District Health Unit partners. The HIUs perform a vital function in the generation and maintenance of data crucial to decision-making, planning and coordination functions. Their dissolution will have a major impact on their partners and for epidemiologists across the province.

3. What role can you and your organization play in collaboration with the Ministry as the LHIN planning work continues in your area?

The York Region Health Services Department is well-positioned to provide the Ministry of Health and Long-Term Care with a population health based perspective for planning and service delivery. The Department's activities include the ongoing monitoring and reporting of the health status of the population within our jurisdiction and the provision of a variety of programs and services to meet the needs of York Region residents.

The Department would welcome the opportunity for meaningful, face-to- face dialogue with the Ministry regarding LHINs and to be an active partner in the planning work for this jurisdiction.

We look forward to the Ministry of Health and Long-Term Care response to the points outlined in this communiqué and summarized as follows:

- Review and clarification of the division of the geographic entity of York Region into up to four different LHIN areas.
- Identification of the services that will be included and excluded from the LHINs' structure and specifically as it relates to the services provided by the York Region Health Services Department.
- The focus of the LHINs on the acute care sector and its referral patterns (a treatment focus) as opposed to a health promotion and early intervention focus.
- The dissolution of vital supporting partners organizations such as the Health Intelligence Units.

Sincerely,

Original Signed

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Commissioner of Health Services
and Medical Officer of Health