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LOCAL HEALTH INTEGRATION NETWORKS

The Health and Emergency Medical Services Committee recommends that:

1. The November 18, 2004 report of the Commissioner of Health Services regarding Local Health Integration Networks be referred back to staff and that a further report be prepared for consideration at the December 16, 2004 meeting of Regional Council.

1. RECOMMENDATIONS

It is recommended that:

1. The Commissioner of Health Services and Medical Officer of Health continue to monitor the Province of Ontario's health transformation agenda and provide updates to Health and Emergency Medical Services Committee and Regional Council as more information becomes available.

2. The Ministry of Health and Long-Term Care (MOHLTC) provide clarification to The Regional Municipality of York as to how administrative functions are to be fulfilled across the four Local Health Integration Networks (LHINs) affecting York Region.

3. The MOHLTC provide clarification to The Regional Municipality of York regarding the role of the York Region Emergency Medical Services (EMS) with the LHINs.

4. This report be forwarded to Mr. Hugh MacLeod, Assistant Deputy Minister of Acute Services Division and Executive Lead of the Health Results Team for response.

2. PURPOSE

The purpose of this report is to provide Health and Emergency Medical Services Committee and Regional Council information on the recently announced provincial health initiative involving the establishment of LHINs, and their impact on the York Region Health Services Department.

3. BACKGROUND

On September 9, 2004 the Minister of Health and Long-Term Care announced Ontario's Health Transformation Plan. This plan focuses on achieving a number of health care goals including: reducing wait times for specific procedures such as cardiac care, cancer care, hip and knee replacements, and magnetic resonance imaging (MRIs); providing

better access to health care within communities; and expanding access to home care and long-term care.

In order to achieve these goals, the province established a Health Results Team led by the MOHLTC's Assistant Deputy Minister and consisting of six team members (*see Attachment 1*). It is this team that is assisting the provincial government in the transformation of health care in Ontario.

4. ANALYSIS

4.1 LHIN Bulletin No. 1

On October 6, 2004 the MOHLTC released its first bulletin on LHINs (*see Attachment 2*) which are described as "a "Made-in-Ontario" solution that engages communities in health system transformation by enhancing and supporting local capacity to plan, coordinate, integrate, and fund the delivery of health services at the community level."

Fourteen LHINs will be established throughout Ontario. These community-based organizations will coordinate service delivery within their geographic areas. However, LHINs will not provide direct clinical services, they will only coordinate service delivery through existing service providers.

4.1.1 LHIN Boundaries

The LHIN geographic areas were determined based on travel patterns for acute hospital care utilizing an evidence-based methodology in collaboration with the Institute for Clinical Evaluative Sciences (ICES). The Province states that the LHIN boundaries reflect where Ontarians naturally go for health care, so they allow for the optimal alignment of patient utilization rates and health care resources. Each LHIN contains at least one high volume hospital, and Ontarians will not be restricted as to which hospitals they chose to travel to for care.

4.1.2 Governance

LHINs will be governed by a Board of Directors appointed by Order-in-Council based on skills and merit and a transparent appointment process.

4.1.3 MOHLTC Questions

The MOHTLC posed three questions in their LHIN Bulletin No. 1 release. These questions were as follows:

1. What examples of healthcare integration already exist in your LHIN area?
2. What are the critical 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?

The York Region Health Services Department prepared and submitted responses to these three questions which are outlined in Attachment 3.

4.2 LHIN Bulletin No. 2

On October 20, 2004 the MOHLTC released LHIN Bulletin No. 2 (*see Attachment 4*). This bulletin details the guiding principles of LHINs, restates the LHIN functions and explains that these functions will be achieved through accountability agreements. The first LHIN function will be to develop a plan and design for an integrated health system.

LHINs are expected to be established and have their first board meetings by April 2005, and by October 2005 be integrated into the provincial budget and planning cycle.

4.3 LHIN Bulletin No. 3

On November 1, 2004 the MOHLTC released their third LHIN bulletin (*see Attachment 5*). This bulletin lists dates of upcoming planning workshops to be held in each of the 14 LHINs beginning November 19 and ending December 8, 2004. These workshops will provide an overview and outline tasks, deliverables and timelines for each LHIN. At the workshops, each LHIN will be given a report to complete within 60 days. These reports will be made available to the LHIN board members prior to their first meeting in April 2005.

An Action Group was also introduced in this bulletin. The role of the Action Group is to provide expert advice to the Health Results Team on the design and implementation of LHINs. There was no information provided as to the membership of the Action Group.

4.4 Impact on the York Region Health Services Department

The LHINs are structured in a manner that divides York Region between four LHINs: Central, Central East, Central West and North Simcoe Muskoka (*see Attachments 6, 7, 8 and 9 respectively*). The majority of York Region is within the Central LHIN which also extends south into Toronto, while two area municipalities, Whitchurch-Stouffville and Markham, are included in the Central East LHIN. A portion of Vaughan is located in the Central West LHIN, and a portion of Georgina is located in the North Simcoe Muskoka LHIN. Although the MOHLTC is performing some minor adjustments to these boundaries, they are expected to remain relatively unchanged. It is unclear at this time how York Region Health Services will integrate into all four LHINs since public health units integrate their activities with both the health care sector and the broader health, municipal and community sectors.

4.4.1 LHIN Boundaries

Although the ICES methodology used to establish the LHIN boundaries are well-established, it is unclear during what time frame the data on patient referral patterns was collected. With so much population growth in recent years, particularly in York Region, the referral patterns of patients have changed over time. Without knowing whether the data collected was recent enough to reflect current patient referral patterns, the accuracy of the data may be questionable.

4.4.2 Relationship with LHINs

The York Region Health Services Department is a model of integrated health programs and services (public health, long term care, and emergency medical services) that has established over 600 active partnerships within York Region and across the Greater Toronto Area. Each of the fourteen LHINs will negotiate working relationships with their corresponding health units in order to integrate those areas of public health that interface with the health care system such as infection control, immunizations and the control of communicable diseases. York Region Health Services Department staff will develop relationships with all four of the LHINs that cover parts of York Region by building on the already established relationships with our neighbouring public health units, hospitals and other health care organizations.

4.4.3 Public Health Objectives

As described earlier, the LHINs were established based on acute care referral patterns. From a public health perspective, priority should be placed on health protection, health promotion and disease and injury prevention in order to minimize or prevent illness before it occurs. Establishing LHINs based on acute care activity is contrary to public health priorities as it focuses on the delivery of care when one is already ill.

4.4.4 Role of Emergency Medical Services (EMS)

The bulletin lists a number of health care agencies and institutions which include Boards of Health and Long Term Care facilities. However, emergency medical services (EMS) and the role of land ambulance with respect to the proposed LHINs have not been addressed. Since the model for establishing the LHINs was based on referral patterns to acute care hospitals, it seems remiss not to consult or involve EMS—the service that provides transport back and forth to these facilities, and clearly define the relationship of EMS to LHINs. It is unclear how the location of the York Region EMS Base Hospital Program at the Markham Stouffville Hospital in the Central East LHIN will impact York Region EMS operations since the majority of York Region is located in the Central LHIN.

4.4.5 Integration of Public Health Units in LHINs

The primary difference between LHINs and regional health authorities is that LHINs will "respect and support local governance of health delivery organizations." At this point in time, there has been no specific reference to structural change in the healthcare system. It is our understanding that public health units will not be part of the LHINs in the short to medium term.

4.4.6 Participation in Workshops

Since York Region is affected by four LHINs, Health Services Department staff are eligible to participate in workshops in all four LHIN locations. However, of primary importance will be the workshops held in Aurora on December 1 for the Central LHIN, and Markham on December 2 for the Central East LHIN. Health Services Department staff have already committed to participating in these workshops.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report. It is unclear at this time whether the funding of cost-shared health programs managed by The Regional Municipality of York will be administered by LHIN boards in the future.

6. LOCAL MUNICIPAL IMPACT

One of the purposes of LHINs is to improve health care service delivery within communities. The York Region Health Services Department will continue to work in the best interest of the residents of York Region to ensure the health of the public is enhanced through this transformation process.

7. CONCLUSION

The York Region Health Services Department will continue to work with the provincial government to ensure that the health of the residents of York Region is strengthened under the Provincial "transformation agenda." The Health Services Department staff will actively participate in consultations on LHINs to ensure that the perspectives of the York Region Health Services Department are considered.

The Commissioner of Health Services and Medical Officer of Health will continue to monitor the Province's health transformation agenda and provide updates to the Health and Emergency Medical Services Committee and Regional Council as further information becomes available.

The MOHLTC has established a website to disseminate information regarding the status of the Province's health transformation agenda. It can be accessed at www.health.gov.on.ca/transformation . Further bulletins will be provided by the MOHLTC on the 15th of every month and on the 1st if necessary.

The Senior Management Group has reviewed this report.

(The attachments referred to in this clause were included in the Agenda for the December 2, 2004 Committee meeting.)