

Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario

Ontario Pharmacy Research Collaboration Summit
January 20, 2016

Today's Objectives

1

Provide an overview of the MOHLTC's proposal to strengthen patient-centred care.

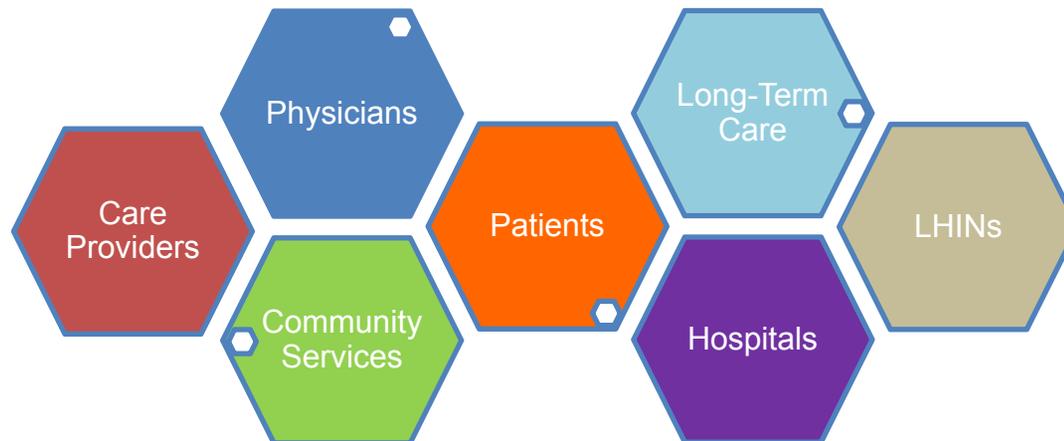
2

Gather your feedback and input on the proposal.

Achievements of Ontario's Health System

- Over the past decade, Ontario's health care system has improved in a number of important ways:

 <p>Inter-professional models of family health care serve nearly 4 million patients.</p>	 <p>94% of Ontarians now have a regular family health care provider.</p>	 <p>Emergency room wait times have improved despite substantial increases in volumes.</p>	 <p>92% of home and community care clients say their care experience has been good, very good or excellent.</p>
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Sustained Commitment

Collaboration

Change & Adaptation

The Need for Continued Improvement

- Despite the progress we have made over the past ten years, we still need to do more to ensure that the health care system is meeting the needs of Ontarians.

1

Some Ontarians are not always well served by the system (Indigenous peoples, Franco-Ontarians, members of diverse and cultural groups, newcomers), people with mental health and addiction challenges, others

2

Many Ontarians have difficulty seeing their primary care provider when they need to, especially during evenings or weekends.

3

Some families find home and community care services inconsistent and hard to navigate; family caregivers experience high levels of stress.

4

Public health services are disconnected from parts of the health care system; population health not a consistent part of system planning.

5

Health services are fragmented in the way they are planned and delivered; fragmentation can affect the patient experience and can result in poor health outcomes.

The Ministry's proposal for health system transformation has four components

- 1 Effective Integration of Services and Greater Equity**
 - Make LHINs responsible for all health service planning and performance.
 - Identify sub-LHIN regions as the focal point for integrated service planning and delivery (note that these regions would not be an additional layer of bureaucracy).
- 2 Timely Access to, and Better Integration of, Primary Care**
 - LHINs would take on responsibility for primary care planning and performance improvement, in partnership with local clinical leaders.
- 3 More Consistent and Accessible Home & Community Care**
 - Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs.
- 4 Stronger Links to Population & Public Health**
 - Linkages between LHINs and public health units would be formalized.

1. More Effective Service Integration, Greater Equity

- The mandate of LHINs would be extended to play a greater role in primary care, home and community care, and public health.
- LHINs would identify smaller geographic regions that follow recognized care patterns. These LHIN sub-regions would not be the focal point for local planning and service management and delivery.
- LHINs and LHIN sub-regions would assess local priorities, current performance, and areas for improvement to achieve integrated, comprehensive care for patients.
- The expanded LHIN role would be inclusive of the voices of Indigenous peoples, Franco-Ontarians, newcomers, and people with mental health and addictions issues in order to better address their health outcomes.

Anticipated Performance Improvements

- ⊙ Care delivered based on community needs
- ⊙ Appropriate care options enhanced within communities
- ⊙ Easier access to a range of care services
- ⊙ Better connections between care providers in offices, clinics, home and hospital

2. Timely Access to Primary Care, and Seamless Links Between Primary Care and Other Services

- High quality primary health care is the foundation of any high-performing health care system.
- Each LHIN and LHIN sub-region would be responsible for organizing local primary care to ensure access to high quality, integrated care for the patients in their region.
 - LHINs would work closely with patients and primary care providers to plan and monitor performance, and to identify ways to improve care that are tailored to the needs of each community.
 - LHINs and LHIN sub-regions would be responsible for ensuring that local patients have access to primary care. This does not mean that patients would be required to receive care in their region or that patients would no longer be able to choose their provider.

Anticipated Performance Improvements

- ⊙ All patients who want a primary care provider have one
- ⊙ More same-day, next-day, after-hours and weekend care
- ⊙ Lower rates of hospital readmissions; lower emergency department use
- ⊙ Higher patient satisfaction

3. More Consistent and Accessible Home & Community Care

- Essential home care functions would be moved into the LHINs to enable better integration with other parts of the health care system.
- LHIN boards would have responsibility for oversight of home and community care.
- Home care coordinators would be increasingly focused on LHIN sub-regions and placed in primary care settings.
- Most home care services would continue to be provided by current service providers. Over time, contracts with these service providers would be better aligned with LHIN sub-regions.
- The ministry's 10 step plan Patients First: A Roadmap to Strengthen Home and Community Care would continue with greater support and renewed emphasis under LHIN leadership.

Anticipated Performance Improvements

- ⊙ Easier transitions from acute, primary and home and community care and long-term care
- ⊙ Clear standards for home and community care
- ⊙ Greater consistency and transparency around the province
- ⊙ Better patient and caregiver experience

4. Stronger Links Between Population & Public Health and other Health Services

- Population health – defined as the health outcomes of a particular community – is a core responsibility of local public health units in Ontario.
- The proposed reforms would integrate population health and health system planning and delivery.
- LHINs and public health units would formalize the alignment of their work and planning to ensure that population and public health priorities inform planning, funding and delivery.
- The ministry plans to modernize the Ontario Public Health Standards and Organizational Standards.
- The ministry would appoint an expert panel to advise on opportunities to deepen that partnership between LHINs and local boards of health and to improve public health capacity and delivery.

Anticipated Performance Improvements

- ⊙ Health service delivery better reflects population needs
- ⊙ Public health and health service delivery better integrated
- ⊙ Social determinants of health and health equity incorporated into care planning
- ⊙ Stronger linkages between disease prevention, health promotion and care

Questions, Comments, Discussion

- Where do you see Ontario's pharmacists fitting into these proposals?
- What opportunities do you see to further improve pharmacist integration in healthcare system if these proposals come to fruition?
- What challenges do you see for pharmacists and/or the system overall in implementing these proposals if adopted?
- Would these proposals impact (positively or negatively) what you see as challenges facing the patients and populations you serve?



Additional feedback and questions can be sent to
health.feedback@ontario.ca