ACTION
A Call To IntegratiOn Now
Working Together for Better Health Care

Future State Design Workshop
ACTION

June 12, 2012

pwc

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Current State

- Overview of Key Findings to Date

Key Finding 1: The HNHB population obtains most of its health care services within the LHIN

HNHB must build a person centric system focusing on coordination across the continuum of care to achieve the best clinical outcomes at the best price

Key Finding 2: HNHB is "average" on most comparisons

Average is not a gold standard. HNHB needs to raise the performance bar and can do this while aiming to be "quicker, cheaper, better"

Key Finding 3: Some disturbing population health findings

To improve health status across HNHB, strategies that use the lessons learned from leading practice and that focus on partnerships including primary care and public health are required

Key Finding 4: Funding reforms will centre on value for money and outcomes achieved

HNHB has a low population growth and a high localization index.   With funding reforms, HNHB should anticipate having to do more with less.

Key Finding 5: There are learnings from other jurisdictions that must inform transformation

HNHB's transformation will be guided by Evidence-based findings and Leading Practices

New Findings

- Projections, Provider and Community Engagement

Key Finding 6: Status Quo to 2017 Projections:

- The HNHB LHIN is projected to have amongst the highest number of seniors of all LHINs in Ontario from 2011 to 2017.
- The number of seniors 65+ in the HNHB LHIN is projected to grow by approximately 3% every year over the next 6 years, from 231,326 in 2011 to 277,118 in 2017. Over this time, the HNHB LHIN will have a higher proportion of seniors than the Ontario average.
- By 2017, nearly 1 in 5 residents in the HNHB LHIN will be 65 years of age or older.
- Bending the cost curve to ensure the sustainability of Ontario's health care system is not rhetoric: there is no other option. The HNHB will be challenged to improve access and quality over the next 5 years during this time of provincial economic downturn.

Key Finding 7: Focus Groups

Focus Group approach:

- Focus groups were conducted with provider experts who could speak to the 3 priority populations identified through the Provider Survey and Leading Practices review

- Priority populations: Seniors, Mental Health and Addictions and Chronic Disease

- Composition of Focus Groups suggested by PwC and participants were selected by the LHIN

- 12-26 participants in the sessions

- Facilitation provided by PwC

- Participants provided with pre-reading packages summarizing project and findings to date and readings related to their specific disease population

Focus Group Findings

Overarching findings:

- Participants had the desired in depth understanding of the respective priority populations

- There is an appetite and readiness among providers for change

- There were strong messages about wanting something to be different this time

Focus Group Findings - Seniors

- Seniors are a complex population
- Service delivery requires much greater "customer" focus
- Performance metrics need to go beyond volumes to consider long-term outcomes, continuum of care across providers and population rather than program measures
- Access to services need to be focused on bringing services closer to home, system navigation and flexible funding models to support transitions between acute care and community. The navigator role should not be a role; but it should be a function in all roles
- We need a common philosophical foundation across all sectors and with all providers
- Interprofessional teams and finding new ways of delivering services across the continuum; professional associations have supported silos
- We can reduce the demand curve by earlier risk assessment and application of defined protocols to reduce negative outcomes
- Medication reconciliation needs more attention in this population across the system

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Focus Group Findings – Mental Health and Addictions

- Access is an issue: impacted by lack of established patient flow criteria across the continuum; services not equitable across the LHIN

- There are differences in philosophy that need to be addressed with respect to holding or discharging a patient and this needs to be addressed

- System transformation need to be driven by patient needs not funding pots; MH&A is compartmentalized and Addictions often missed.

- There is need to review what each community has versus what each community needs

- Referrals are being made with a "shot-gun" approach with the hope that something will stick

- Currently crisis orientation: need a range of services mild to moderate to crisis and including Primary Care

- Services should be developed and delivered according to leading practices

- System navigator role has been effective in identifying client needs

- Need charismatic leader to break down silos and build a Mental Health and Addictions System that will drive change and demand system level accountability which is not bureaucratic

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Focus Group Findings – Chronic Disease

- Emphasis on the need for timely access access beyond geography to include: language, culture, chronicity and homelessness.
- Lack of ability to self refer and separation of public health hinders health promotion and self management efforts
- Chronic disease needs to be broken into <65 and >65 years of age as the needs and approach will vary depending on age and stage of disease.
- System navigation is a concern for all but not everyone needs a system navigator. Some do.
- An integrated approach is needed that includes health and other sectors (housing, transportation)
- The Community Health Centres are currently serving the inner city 1% population
- Need to align system funding with outcomes. There is too much emphasis on volumes and not enough on outcomes. Integrated Decision Support can play a key role and is an enabler in this area.

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Key Finding 8 – Communications and Engagement

- Citizens' Reference Panel (CRP)

- Francophone Citizens' Reference Panel (FCRP)

- Aboriginal

- Physicians

- Providers responses to open ended questions (themed)

Key Finding 9: Citizens' Reference Panel (CRP)

- Recruitment resulted in more than 100 applications

- Participants were selected based on HNHB LHIN community demographics (gender, age, population)

- 36 people participated in Kick-off Session which focused on education

- 33 Participated in Input Session which focused on personal experiences and improvement ideas

- Final session will be held in September to present and confirm Plan options

Key Finding 9: Citizens' Reference Panel (CRP)

How can we help people maintain and improve their health, while reducing demand on the health system?

ACCESS

- Provide care as close as possible to home with transportation to and from community programs

- Increase funding for home–based care

- Ensure specialized care for individuals with chronic conditions and mental health and addictions, to relieve acute hospital emergency departments

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Key Finding 9: Citizens' Reference Panel (CRP)

How can we help people maintain and improve their health, while reducing demand on the health system?

EDUCATION/PREVENTION

- Increase health promotion, prevention and education programs
- Enable affordable community-based centres to provide nutrition, physical activity and health education programs (e.g. schools, employers, etc.)

ACCOUNTABILITY

- Have patients take responsibility for care (e.g. patient contract in B.C.)

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Key Finding 9: Citizens' Reference Panel (CRP)

What do we need to change to be able to improve a person's experience in the health system?

ACCESS
- Eliminate inefficiencies that cause prolonged wait times (ER, specialist, surgery)
- Improve transitional care (eg. between hospital and LTC)

QUALITY
- Focus on the person; improve ongoing communication between patient and caregivers (eg. patient advocates)
- Ensure consistent service and improvement based on system evaluation (patient-family surveys)
- Enable electronic health records and pilot Smartphone health portal

Key Finding 9: Citizens' Reference Panel (CRP)

What do we need to change to be able to improve a person's experience in the health system?

NAVIGATION
- Co-ordinate case management to improve system navigation (1 agency follows person start to finish)
- Use "health coordinator" for the highest risk population

Key Finding 9: Citizens' Reference Panel (CRP)

How can we improve the value for money in the health system?

ACCESS

- Access the system at the preliminary level (nurse practitioner before GP before specialist)

INTEGRATION

- Integrate services and have a single file carried by patient to prevent duplication of services and tests

- Increase use of technology

- Increase partnerships with public sector

Key Finding 9: Citizens' Reference Panel (CRP)

How can we improve the value for money in the health system?

ACCOUNTABILITY

- Evaluate ongoing treatment/procedures – is everything necessary?
- Optimize the levels of administration and decrease administrative costs
- Have funding contingent on outcome-based performance (eg. pay for performance for frontline workers)
- Review role of CCACs to determine what can be done more efficiently
- Review and cap salaries of top administration

EDUCATION

- Educate both providers and the public re: costs of health services

Key Finding 10: French Language Engagement

- Process similar to CRP with 6 participants

How can we help people maintain and improve their health, while reducing demand on the health system?

- <u>Education</u>: throughout all life stages (eg. hygiene, exercise, nutrition)

- <u>Navigation</u>: better coordination of services through a "pivot person" who can assist and advocate for citizens throughout their care path

- <u>Integration</u>: break down silos (eg. MOHLTC, MCSS, MCYS, MEO, etc.) to better educate the public and deliver services

Key Finding 10: French Language Engagement

What do we need to change to be able to improve a person's experience in the health system?

- <u>Access</u>: Improve access to primary care to keep people out of EDs; provide alternatives to ED
- <u>Language</u>: provide care/translation services in the patients' primary language, particularly if they are in a vulnerable position (eg. ED)

How can we improve the value for money in the health system?

- <u>Records</u>: have 1 per patient to reduce redundancies and unnecessary tests
- <u>Build healthy communities</u>: not just health services, but those that address other determinants of health
- <u>Accountability</u>: make health providers responsible for results and fund accordingly

Key Finding 11: Aboriginal Engagement

- Process similar to CRP with 6 participants

Based on your experience with the Health Care System in your community what are some things that made this a positive experience for you?

- Education/prevention: for the whole family (eg. social events, workshops, camps, SOADI)
- Respectful communication: when it was present it made a huge difference
- Quality: variable - consumers feel it is higher in Hamilton

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Key Finding 11: Aboriginal Engagement

What are some of the barriers and challenges that you have experienced?

- <u>Traditions/Beliefs</u>: stereotyping and judgmental attitudes; lack of understanding and honoring of native customs/traditions; push of Western medicine

- <u>Access</u>: lack of and/or costs of transportation; lack of specialists outside of Hamilton; affordability of medicines and equipment that are not covered; age restrictions that limit access to care (eg. Aboriginal Early On-set Aging)

- <u>Education</u>: lack of awareness of what services are available (both consumers and service providers) and what Aboriginal peoples are entitled to in terms of coverage (who does what)

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Key Finding 11: Aboriginal Engagement

Based on your experience – what would have made this experience better?

- Education: having more opportunities for engagement and input from multicultural perspectives (eg. consumer forums, multicultural clubs)

- Communication: Aboriginal patient advocates throughout care path (eg. seeking advice from experts who are familiar with them); staff more friendly, helpful, empathetic, tactful and non-judgmental

- Access: shorten wait times (ED and specialists); offer volunteer driver programs, improve cultural awareness, sensitivity and competencies within off-reserve facilities

Key Finding 12: Primary Care Physician Engagement

A Focus Group was held with the LHIN Primary Care Network, addressing the same questions as the provider focus groups looking at the three priority populations (Seniors, Mental Health and Addictions and Chronic Conditions). Key findings include:

- ClinicalConnect has positively changed physician practice but many physicians still feel disconnected from each other, from other service providers (especially the community) and from information about the resources available.
- Good Experience working in interdisciplinary teams – building relationships with a team and with specialists seem to lead to better patient outcomes.
- Mental Health patients who have active 'advocate' support seem to have better outcomes.
- Seniors with chronic conditions might have better outcomes with a more active 'discharge coach' to visit the home environment, ensure appointments are set, ensure communication, connection and warm hand-offs.

Key Finding 13: Provider Survey Open-Ended question

Q: "Identify and describe quick wins that you would suggest"

- 78 (of 155) responses to the open ended question – 59 HSPs identified.

- Survey was sent to 216 individuals, 155 people responded.

Concept	Number of HSPs identified
Integration	27
Hub Based Model	9
Access to Primary Care/ Allied Health Professionals	10
Quality/Performance/ Accountability	7
Information Technology	3
Transitions/Patient Flow	3

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Selected Comments:

Integration:

- Consolidate Mental Health HSPs and integrate Mental Health care into the broader system.

- Force sectors to share back office.

- Shift non acute residential care to community settings.

Access:

- Increase access to community outreach and specialized services.

- 'Assess/restore' should be a goal and common philosophy within community sector.

Accountability:

- Performance measures/targets should be outcomes based.

- Formal accountability mechanisms and measures that ensure shared accountability and integration.

- Formalize accountability for non-LHIN funded services.

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Thank You