

BOARD BRIEFING NOTE

71 Adam Street
 Belleville, ON K8N 5K3
 Tel: 613 967-0196 • Fax: 613 967-1341
 Toll Free: 1 866 831-5446
 www.southeastthin.on.ca

71 Adam Street
 Belleville, ON K8N 5K3
 Téléphone: 613 967-0196 •
 Télécopieur: 613 967-1341
 Sans frais: 1 866 831-5446
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To	SE LHIN Board Members
From	Paul Huras, CEO
Date	May 30, 2016
Subject	Development of Sub-LHIN Regions in the South East
Recommendation	The attached documentation is provided for information on the development of sub-LHINs in the South East
Progress to Date	<p>Sub-LHINs have been proposed to make health care more integrated and responsive to local needs and improve performance of the system and the patient experience overall. Discussions have occurred among various representatives from primary health care to introduce the next evolution of vertical integration in the region.</p> <p>Before the engagement can occur, a robust data analysis beginning with input from the Institute for Clinical Evaluative Sciences (ICES) together with local analysis to refine the options, must be completed. Based on this analysis, some potential sub-LHIN geographies will be developed for discussion. LHIN staff will meet with primary care and administrative/allied health providers to seek feedback and input to support the refinement of the sub-LHIN geographies. The engagement sessions are booked in the month of June and will inform the geographies to be included in each sub-LHIN.</p>
Next Steps	Community engagement to review the analysis and options with primary care is scheduled to occur in June.

Appendix 1: Development of Sub-LHIN regions in the South East

Development of Sub-LHIN regions in the South East

May 30, 2016

What is the purpose of a Sub-LHIN?

To make care more integrated and responsive to local needs and improve performance of the system and the patient experience overall.

How does a sub-LHIN differ from a Health Link?

A Health Link delivers improved, coordinated care for complex patients while a sub-LHIN region delivers improved, coordinated care for everyone.

Sub-LHIN development

Questions/points to consider:

- What are the specific deliverables or outcomes that are expected?
- What does the data tell us about flow and patterns (ICES, KM)?
- What resources/characteristics might best position a sub-LHIN to deliver on the desired outcomes?

Potential Deliverables for a Sub-LHIN

To make care more integrated and responsive to local needs:

- Improve vertical integration of services for the sub-LHIN communities
- Identify smaller sub-regions as part of each LHIN to be the focal point for local planning, service management and delivery;
- Work across the care continuum to improve access to high-quality and consistent care, and to make the system easier to navigate;
- Integrate primary care with home and community care;
- Deliver improved performance on specified metrics (eg. improved patient flow, patient experience). Performance will be monitored and shared through a public reporting mechanism.
- Drive the adoption of technology to enhance care delivery (eg. integrated systems or virtual access to care providers through telemedicine);

Data requirements to inform sub-LHINs

- ICES has committed to a refresh of the data analysis completed for Health Links
- Once ICES information has been received, Knowledge Management will overlay the ICES analysis to compare utilization patterns
- Knowledge Management team will use information from the Regional Capacity and Analysis Projection as well as the SE LHIN Data Centre and other sources to support the draft areas
- Data information will be validated with the co-leads before broader engagement begins

Defining Sub-LHIN regions

- What are our current referral patterns?
 - The information previously provided by ICES to define Health Links will be refreshed to propose the natural groupings of primary care. The process and analysis for Health Links can be applied for a similar development of the sub-LHINs
 - Knowledge Management will review referral patterns, capacity distributions and networking potential to propose sub-LHINs
- Using this information, what are the implications on the previously identified deliverables?
 - The proposed deliverables will be considered when suggesting the sub-LHINs
 - Further engagement will outline possible pros and cons of the proposed sub-LHIN options. We will seek input on options that best positions the sub-LHINs to deliver on the expectations.

Suggested Approach for Sub-LHINs

- The following principles have been proposed for recommending sub-LHINs in SE LHIN
 - Health Links will serve as the starting point for determining sub-LHINs
 - Consideration of some minimum population level
 - Consideration of some minimum amount of primary and allied health care service capacity (i.e., minimum number of services available)
 - Consideration of some preferred access recommendations for primary care physician (eg. up to 30 minutes/30 kilometers)
 - Demonstrated delivery of a high degree of collaboration and networking capability among HSPs
 - Existence of reliable information systems and technical capability to support administrative and performance management

Possible Performance Deliverables/Metrics for Consideration

- 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
- 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
- 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

Engagement

- Proposing additional engagement sessions to refine and validate the sub-LHIN analysis
- Sub-regional engagement sessions (HPE, KFLA, LLG) with primary care physicians, medical officers of health and specialists. Each sub-region will have two or more engagements to be defined with the co-leads.
- Additional engagements:
 - Primary Health Care Council (timing permitted)
 - Health Link Lead meeting

Anticipated Timelines

May-June

- Receipt of information from ICES
- Further analysis and refinement to address expected criteria
- Consultation with Primary Care Co-Leads

June-July

- Engagement sessions to validate findings and refine referral patterns and regions based on feedback
- Development of sub-LHIN strategy for the SE

Aug-Sept

- Further consultation with Primary Care Co-Leads and health care partners on strategy and implementation of sub-LHINs
- Implementation of strategy begins

