

## LHINC Council Meeting October 1, 2010 *Communiqué*

This communiqué provides an overview of the key messages stemming from the October 1, 2010 meeting of the LHIN Collaborative (LHINC) Council.

### Project Status

The principal focus of the meeting was on status reports and recommendations on the following two projects:

#### ***Priority Setting/Decision Making Framework:***

Mimi Lowi-Young, CEO of the Central West LHIN and Chair of this project's working group provided the working group's final recommendations to LHINC Council. The working group includes representation from the LHINs and health service providers. It developed a common framework for priority setting that can inform decision making by the LHINs and promotes a consistent and transparent approach. The working group recommended adoption of the common framework by all LHINs.

A LHINC survey found that all fourteen LHINs have priority setting/decision making frameworks: nine are using a framework developed by three LHINs in 2009 as the foundation for their process; while the other five are using other frameworks that have varying degrees of similarity. The existing tools vary in a number of areas including terminology and definitions. Practices also vary on the approach to community engagement in local process and information sharing.

The recommended framework includes:

- Domains, criteria and definitions of the criteria
- Guiding principles that promote fairness and ethical decision making and ensure fairness and transparency throughout the process
- Flexibility for LHINs to add or group domains and criteria to reflect local priorities and circumstances

The next steps involve developing a tool kit that includes an implementation strategy to support the application of the framework by the LHINs and a communications plan. LHINC Council accepted the working group's recommendations and will provide its advice to the LHIN CEOs.

#### ***Engagement of Primary Care Physicians in LHIN Processes:***

This project, which is in its final stages, looks at best practice models for engaging primary care physicians in LHIN processes. A LHINC survey of current LHIN primary care physician engagement practices found a variety of methods across the LHINs, each with varying degrees of effectiveness. The survey also highlighted several gaps and challenges in current engagement practices.

A Primary Care Physician Expert Panel was brought together to outline preferred methods and tools to engage primary care physicians and contribute to the development of an engagement resource guide and toolkit. The Panel is chaired by Paul Huras, CEO of the South East LHIN. It consists of broad representation of primary care physicians from diverse geographical regions and clinical settings including: rural, urban, Family Health Teams, Long-Term Care, Community Health Centres and solo practitioners. Senior LHIN representation is also included on the panel.

A draft Primary Care Physician Engagement Resource Guide & Toolkit that reflects input from the Panel and LHINs as well findings in the literature on leading practices was reviewed with LHINC Council. The Resource Guide and Toolkit provides a foundation for physician engagement efforts and a framework to guide future primary care engagement activities across the LHINs. The next steps involve reviewing feedback from the Ontario Medical Association and the Ontario College of Family Physicians, with a final review from the Panel by the end of October. LHINC Council will then provide its advice to the LHIN CEOs.

## Other Projects

LHINC Council also discussed the status and next steps on the other projects outlined below:

### ***Engagement of Public Health in LHIN Processes:***

Commencing in October, this project will identify best practice models for engaging Public Health in LHIN activities with the aim of developing a Public Health Engagement Strategy for the LHINs. The project charter was presented and approved by LHINC Council. LHINC Council members were asked to identify nominees for a working group that will be chaired by Dr. Robert Cushman, CEO, Champlain LHIN.

### ***Improving Access to and Coordination of Health Services – Mental Health and Addictions Services:***

This project is developing tools and processes to support mental health and addictions clients as they navigate Ontario's healthcare system. A shared accountability and evaluation framework will also be developed within LHIN structures that will aid effective transitions across health service providers (HSPs). Moving forward, the project will solicit broader feedback on potential transitions approaches from key informants and stakeholders from the mental health and addictions sector.

### ***Enhanced Role for Community Care Access Centres (CCACs):***

This project will define a vision for an enhanced CCAC role within an integrated health system along with a directional plan for the implementation of that vision. Practical steps that CCACs and LHINs should undertake to consistently implement enhanced roles for CCACs in placement as per the recent regulatory changes will also be identified. LHINs and CCACs have been surveyed to determine current practices around the implementation of an enhanced role for CCACs and obtain input on a vision for CCACs in the future. The results will be analyzed and a discussion document developed.

### ***M-SAA and CAPS Process Review:***

This project was completed in August. LHINC reviewed and evaluated the 2009-2011 Community Annual Planning Submission (CAPS) and Multi-Sector Service Accountability Agreement (M-SAA) processes to help inform the upcoming M-SAA cycle (2011-13). As part of the evaluation, all 14 LHINs and over 1000 community HSPs were surveyed. The findings were synthesized into a comprehensive provincial report which was released broadly on August 27<sup>th</sup>, 2010. LHINs also received individualized reports, stratifying results by sector within their respective LHIN.

### ***Development of Service Accountability Agreements:***

LHINC supports the development of and communications for the Hospital Service Accountability Agreements (H-SAA) and Multi-Sector Service Accountability Agreements (M-SAAs). As these processes are poised to commence, LHINC has been engaged to work with the Steering Committees, Working Groups and Sector Consultation teams.

### **Coordinated Approach to Indicator Development:**

This LHIN-led initiative brings health system partners together to collectively advance and improve system performance by creating awareness, alignment and a system focus for indicator identification, development, maintenance, reporting and monitoring. LHINC has facilitated and supported the achievement of the following over the past few months:

- LHIN Indicator Framework & Guide created to facilitate identification and development of indicators in alignment with LHIN and provincial system goals and priorities.
- Technical Working Group established to work through the technical details for LHIN indicators.
- Indicator Classification & Criteria created to facilitate indicator selection and use.
- Cross Sector Engagement Plan developed.
- Two sector tables created.

Currently the following are being looked at:

- Recommended list of indicators being identified for the 2011-13 M-SAA and 2011-13 H-SAA
- Indicator Lifecycle to guide future activities and processes related to indicator identification, development, maintenance, reporting and monitoring

### ***Transition Management - "Home First":***

Work on this project is just getting started. The identification of leading practices that support a "Home First" approach to client/patient transitions is the primary goal of this project. The project will also promote and facilitate the "rapid-cycle" adoption of leading "Home First" practices across the LHINs. Barriers to adoption will be addressed as well as mitigating strategies. LHINC has started to gather information on current practices across the LHINs. A working group co-chaired by Louise Paquette, CEO North East LHIN and Narendra Shah, COO, Mississauga Halton LHIN that includes representation from CCACs, hospitals, long-term care homes and community support services has been formed.

### ***Capacity Planning:***

The Ministry of Health and Long-Term Care established a Capacity Planning Advisory Panel to advise on the development of a provincial approach to health services capacity planning. LHINC was asked to survey the LHINs and key health sector associations on their capacity planning methodologies. Survey results are currently being analyzed.

*The LHIN Collaborative (LHINC) is an advisory structure formed to work at a provincial level to strengthen relationships among health service providers (HSPs), their Associations and the LHINs collectively, and support system alignment. LHINC provides a system structure to engage HSPs on system-wide health issues. LHINC is led by a Council and supported by a Secretariat.*