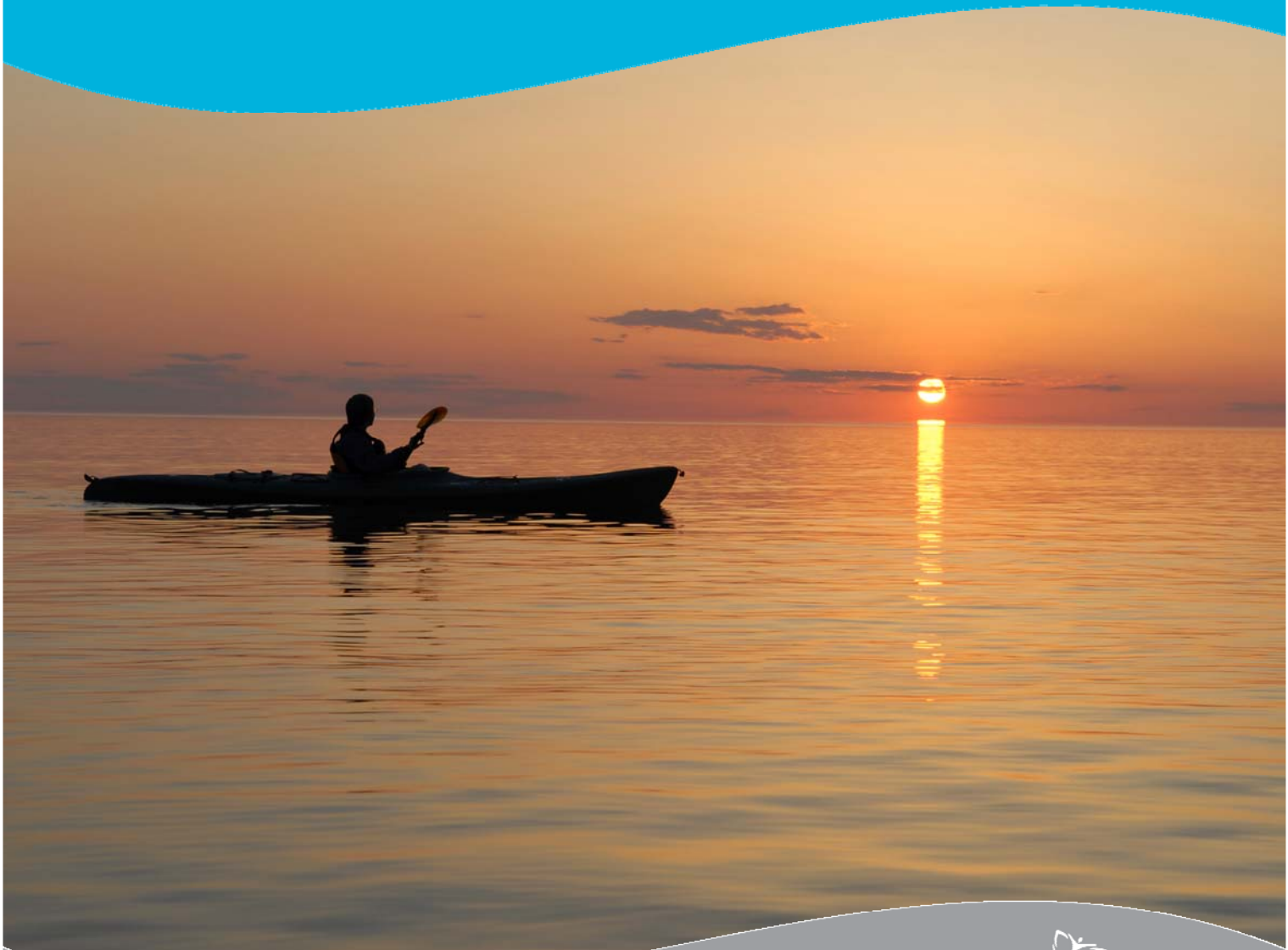


North Simcoe Muskoka **LHIN**

North Simcoe Muskoka Physician Feedback

Informing the Priorities of the Integrated Health Service Plan for 2010-2013

November 2009



SUMMARY

Purpose

Over the course of the fall 2009, consultation sessions were held across North Simcoe Muskoka for local area physicians to provide input and inform the three strategic priorities of the North Simcoe Muskoka Local Health Integration Network (LHIN). Specifically input was sought around creating an integrated design for the future health system priorities. These dialogue sessions encouraged physicians to provide feedback to the LHIN around how these priorities can move forward with the focus on improvements for patient-centred quality care.

North Simcoe Muskoka's Integrated Health Service Plan for 2010-2013, titled "Working Together to Achieve Better Health, Better Care, Better Value" focuses on three strategic priorities:

1. **Improving access to appropriate care, beginning with the emergency room and alternate level of care settings in the community or home**
2. **Improving chronic disease management, beginning with access to integrated diabetes care**
3. **Creating an integrated design for the future health system in North Simcoe Muskoka.**

These sessions were held in partnership with the Ontario Medical Association (OMA). The OMA ensured that all physicians in North Simcoe Muskoka were invited and informed about the four consultation sessions through the OMA distribution centre.

Engagement across North Simcoe Muskoka

Four consultation sessions were scheduled between September and October 2009 to engage physicians from across the five geographic areas of the LHIN, including:

- **Barrie and Area and Orillia and Area Physicians:**
September 30, 2009 at Horseshoe Valley Resort
- **Midland / Penetanguishene and Area Physicians:**
September 30, 2009 at Brooklea Golf and Country Club
- **Collingwood and Area Physicians:**
October 7, 2009 at The Cranberry Resort
- **Muskoka Physicians:**
October 21, 2009 at The Trillium Resort and Spa

A total of 39 physicians participated in the above sessions with 12 at Horseshoe Resort, 4 at Brooklea Golf and Country Club, 9 at Cranberry Resort and 14 at Trillium Resort and Spa.

DIALOGUE TO INFORM

Priority - Improving Access to Appropriate Care, beginning with Emergency Room and Alternate Level of Care Settings in the Community or Home

Physicians provided feedback as to what patients and families require locally, along with what they would need to have in place to see improvements in emergency room wait times being reduced and patient length of stays in alternate level of care beds being shortened.

Integration and Coordination of Services

Working collaboratively together and coordinating services to better meet the needs of the patient was stated as a solution to achieve this priority. Many examples were shared, including:

- Empowering ambulance attendants to take a patient with a fracture directly to a hospital that could treat them immediately versus the closest emergency room. This would alleviate or reduce the length of time patients wait to be treated and prepared for surgery, thus ensuring better care to the patient.
- Ensure discharge planners at the hospitals have more control to plan and coordinate services to meet the patient and family needs, as the patient returns home with appropriate supports in place.
- The opportunity to look at all the different specialties and programs that hospitals offer and make more of an effort to integrate these across North Simcoe Muskoka, thus creating efficiencies in the system. The opportunity to look at the reallocation of funds across the system and the various programs and services is advisable.
- “Bigger is not better” - stated as a comment when it came to discussing regionalization of services. The unique local needs of the residents in the different geographic areas needs to be recognized in the integrated design of the health system. Based on these different needs, there will need to be local programs and services available to certain areas that aren’t necessarily available in all five areas across North Simcoe Muskoka.

Patient Education and Prevention

Physicians indicated that educating patients on their care needs and opportunities for better self-management is crucial. Patients need to understand and be made aware of the community care options that are available to them in their community.

- Prevention and wellness care needs to be focused on in order to decrease the resources spent on focusing solely on the disease or complications. Upstream prevention care for all populations will allow for greater efficiencies to be realized for the sustainability of the future health system.
- Focusing on the prevention and wellness needs of children and youth specifically needs to be addressed (e.g., the prevalence of obesity in the younger population). It was pointed out that if health prevention and promotion was solidly established in

elementary schools, the children and youth would be taught at an early age. This behaviour change would be embedded into individual lifestyles for achieving a better quality of life and longevity for the future.

Discussion Points

- Establish targets to define “better care” for the patient in the emergency room and alternate level of care beds.
- If the appropriate services are in place in the community, the number of hospital patients deemed alternate level of care (ALC) can be reduced.
- The community programs that are currently available are not meeting the individual needs and physicians are seeing these patients re-admitted to the emergency room.
- There are gaps in service delivery capacity as some geographic areas have certain expertise where others do not have this (e.g., geriatrician / physician leader expertise).
- Core services required for alternate level of care patients have been established by the North Simcoe Muskoka Seniors’ Health Regional Action Group. *A Vision for an Integrated Regional Seniors’ Health Program for North Simcoe Muskoka* has been completed and submitted to the LHIN for future integration recommendations.
- Explore the feasibility and utilization of retirement homes in the continuum of care pathway for individuals whose needs meet a certain level (socially, physically and medically). This care can be provided at a reduced rate in comparison to the level of care received by individuals in a long-term care home.
- The length of time that seniors and other populations wait for surgery because they’ve had a traumatic fall continues to be an area of concern in North Simcoe Muskoka. Better coordination of surgical specialties is required to address this lengthy wait time for patients.
- Concrete improvements seen in the health system to impact the patients for the better and the primary care provider at the front end is necessary.
- Orthopedics and twenty-four hour psychiatry “on-call” service for patients with mental health challenges are two services not meeting the needs of patients and smaller rural hospitals.
- Family Health Teams (FHTs) are working well for those residents that can access the service. However, for those residents that don’t have access to a family physician, how is having FHTs a benefit to these individuals?
- More physicians / surgeons / specialists to be recruited to North Simcoe Muskoka.
- Innovative and strategic health human resource planning is a critical success factor.
- How do we impact ER demand? Need resources to support capacity in the ER.

Priority - Improving Chronic Disease Management, beginning with Access to integrated Diabetes Care

Physicians provided feedback as to what patients and families require locally, along with what they would need to have in place to see system wide improvements for people living with or at risk of diabetes in North Simcoe Muskoka.

Integration and Coordination of Services

When there is no coordination across various services and programs for diabetes care, there is no sense of what's going on.

- There is waste in the system within the emergency rooms. Checking INR/anti coagulant in the ER is a waste of resources and time.
- Unattached patients showing up for care in the emergency room / acute system is an issue.
- Information systems are all different. There is no interface to other systems.
- Funding is needed to integrate information systems.
- Whose responsibility is it / who owns this problem?
- When looking at the care pathway, where do certain care providers responsibilities end and others start?
- For service delivery, look at what is wasting time and where are efficiencies being made.
- There are different systems, different funding models all providing different levels of care (FHTs, Family Health Groups, Family Health Organizations, and Family Health Networks).

Self Management – Improving Quality of Patient Care

To improve the quality of the care for an individual living with diabetes or at risk of diabetes, a focus is needed for self management. How do we balance patient education and self management? Who does what in the pathway of care, including physicians, nurse practitioners, diabetes educators, diabetes education centres and others?

- Resources are needed to provide foot care for individuals who are chronically ill with diabetes.
- Send out the 211 link, online search for community services.
<http://www.northsimcoemuskoka.info/>

Gaps and Inequities in Service Delivery

- Gaps and inequities in service for people with diabetes need to be recognized.
- Diabetes education centre in Penetanguishene has been moved from hospital to the Family Health Team in the community. Where do the unattached patients with diabetes who are not rostered to this FHT receive their care? There are approximately 44,000 patients in this area without a family physician.
- There are approximately half the physicians that are not attached to a family health team.
- Hospitals (Diabetes Education Centres – DEC)s need to be open to accepting these non-rostered patients – all patients.
- Will the Community Health Centres have enough capacity to serve the orphaned / unrostered patients?

- There needs to be something else / a new model to serve these individuals.
- Money required to expand services at FHTs (triple services).
- A model that is inclusive of General Physicians to service unrostered patients outside of a FHT.
- A model in which physicians need to be part of – what would it take for physicians to buy-in to this model?

Information Sharing with an Electronic Medical Record (EMR)

- The EMR will help by knowing what care your patient is receiving, when and by whom.
- How do we easily interface / share information now with the existing EMRs to make it more equitable for the patient?
- Ensure software developed is adaptable for use by children – need to start self management early.
- For promotion of self management, could there be an Electronic Medical Record (EMR) kiosk set up in a diabetes education centre for individuals who doesn't have access to internet?
- The portal needs to be user friendly, so that patients will actually use it.

Discussion Points

- What are the impacts on new graduates? Dollars to support / implement and sustain level of care is required.
- It's not just one disease; patients have two or more chronic conditions.
- Chronic Disease – Diabetes, provincial focus...what about other chronic diseases?
- Long-term goal - 25% reduction in the new diagnosis of diabetes.
- Prevention and early intervention:
 - How do we foresee this happening? For example, 2/3 of family doctors do not have access to diabetes education, only about 1/3 do
 - NEED access to diabetes education to ensure equity to care by all – physicians need access!

Priority – Creating an Integrated Design for the Future Health System in North Simcoe Muskoka

Physicians provided feedback as to what patients and families require locally, along with what they would need to have in place for an integrated health system across the full continuum of care for patients, from wellness / prevention care to rehabilitative care onto disease care and ending with supportive / end of life care.

Local Conditions – Unique Needs

In North Simcoe Muskoka there are unique challenges, including approximately 150,000 seasonal residents' and the growing population numbers in certain areas. Each planning

area in North Simcoe Muskoka is different, with different needs. Local services and programs needs to be delivered according to the needs of the population.

Integration / Coordination of Services – Regionally and Locally

- There are models out there that are great, for example cardiac is wonderful – one single source.
- Ortho needs to be reviewed as it currently is not meeting needs (e.g., fractured hips).
- Mental health services are not up to standard.
- Strategic partnerships need to start at a lower level, including nurses and GPs.
- Different models for funding causing inequities in access to care - FHTs, FHNs, FHGs, FHOs – what’s the fit / link between all of these?
- Family Health Network in Orillia sees more patients, as they can provide evening patient access to care.
- What’s the role of Public Health in the full continuum of care?
- Money required for implementing strategic priorities and to look at gaps and improvements in the health system.
- Tough decisions to be made.
- What service by that specialty do you want in the LHIN?
- Look at referral patterns – to specialties – in and out of LHIN.
 - How do we get this information?
 - Difference between private and public.
 - Patient referral patterns.
 - Billing data.
 - Qualitative data required – asking the patient – won’t be 100% accurate, but a starting place.

Prove it – Make it a Reality

- At the end of the day: Are you able to implement it? Make it a reality?
- Need to see results as the system develops to buy-in / commit.
- Prove it! – What initiatives are we moving forward?
- How? Design an access point for services – locally and regionally.
- Implementation Approach – Prove it! Need to demonstrate success/outcomes.
- Roadblocks already experienced in developing the Integrated Health System.

Health Human Resources a Necessity

- Health Human Resources:
 - What are the needs?
 - What are number of shortages?
 - What are the gaps in human resources?
 - Are there structures to support organizing (fragmented) people?
- How do we purchase / recruit physicians? Can the LHINs do this?

- Need someone to address the recruitment need for specialists. Because the lack of specialists, GPs are working to meet the standards and isn't working (e.g., hips, fractures, diabetes, etc.).
- Current resources tapped out.
- Incentives required, as recruitment is a challenge.
- Need a collective / regional approach to recruitment / retention.
- Infrastructure needs to be in place:
 - People, people, people
 - Nurses
 - Physicians
 - Human Resource Planning

Patient Centred Care

- Care needs to be provided close to home.
- A questionnaire to GPs and nurses to assess patient needs.
 - What do their patients think are the biggest problems?
 - Individuals/patients...a vehicle to get messages out to them, the users.
 - What does it all mean to them (integrating the health system)?

Create Efficiencies – Information Technology

- Information Technology / Connectivity: This is a solution to keep moving forward on – for both diagnosis and treatment.
- Lack of connectivity wastes time when patients are waiting to see specialists.
- Utilize Ontario Telemedicine Network (OTN) and make it available in rural communities. Solution to increase access to care for patients.

Engage Physicians – Communicate, Communicate, Communicate

- Critical success factor for this priority: Communication.
- Needs to be done through multiple sources:
 - Steering Committees
 - Physician groups / committees
 - LHIN Geographic Leads
 - LHIN Leadership Council and Local Leadership Councils
- Use communication resources strategically.
- Send information and post list of memberships of committees that are LHIN led on website.
- A doctor is not a doctor is not a doctor = talk to all = one person does not share the same view.
- Views and ideas of doctors are different in different areas, different hospitals and in different communities.
- All specialists have different ideas and thoughts.
- Health Professionals Advisory Committee (HPAC) could be a vehicle for ideas / issues.

- Participation: Physician working groups that are targeted vs. so general. They need to be small working groups.
- Breakfast meetings – working meetings.
- Quarterly dinner meetings.
- Face to face and then connect electronically one on one (email).
- Chiefs of Staffs.
- Recognize differences between GPs, FHNs, FHGs, FHOs. This is a concern on how to connect?
- Specialists are not so hidden – need to ask, ask and ask. There are some groups already organized within the hospital.
- Incentives - Stated the Ministry is indicating that LHINs should be paying for physician involvement in system planning, and LHINs don't fund physicians. What incentives are out there to bring physicians on board?
- Need stability and encouragement.
- “All gorillas need to be willing.” Need rules of engagement for participation and involvement.
- Build confidence and create trust.

NEXT STEPS

The feedback and comments provided to the North Simcoe Muskoka LHIN Chief Executive Officer and appointed staff will be shared with the attending physicians and the Integrated Health Service Plan (IHSP) Strategic Priority Leads. The information will be brought forward to the appropriate priority led committees and linked into the planning and integration initiatives associated with each of the three priorities. The document supported the development of the IHSP and will also be available on our website at:

www.nsmhlin.on.ca.

ACKNOWLEDGEMENTS

The feedback received and dialogue sessions held with physicians this fall was informative and provided tangible solutions to address each of the three strategic priorities of the LHIN. On behalf of the Ontario Medical Association and the North Simcoe Muskoka LHIN, we thank each of you for taking the time to meet with us and provide purposeful input at these consultation sessions.

