Patients First Consultation Report

Introduction

Background

In December 2015, the Ministry of Health and Long-Term Care released its discussion paper, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. The ministry requested that the LHINs engage local stakeholders, including health service providers, patients and their caregivers, and members of the general public to provide an overview of the proposed changes and seek feedback.

The North Simcoe Muskoka LHIN's engagement strategy included 15 consultations, which took place between January 6th and February 24th, 2016. A breakdown of stakeholder consultations is included below in Table 1.

Table 1 – NSM LHIN Stakeholder Consultations

Stakeholder Group	Number of Participants
First Nations, Métis, Inuit Communities	60
Francophone Community, Penetanguishene	14
Francophone Community, Barrie	7
Governance Coordinating Council	8
Leadership Council	23
LHIN Staff	All
NSM LHIN Board of Directors	7
Patient Caregiver Family Advisory Panel	11
Primary Care, Barrie	26
Primary Care, Allied Health Providers (Webinar)	16
Primary Care, Collingwood Wasaga Beach	17
Primary Care, Midland Penetanguishene	34
Primary Care, Muskoka	24
Primary Care Network	20
Primary Care, Orillia	16

The NSM LHIN also undertook an electronic survey, with separate versions targeted toward health service providers and the general public. The survey was made available via the LHIN website and was circulated by email to those in attendance at the consultation sessions. There were a total of 82 respondents to the health service provider questionnaire and 43 respondents to the general public questionnaire.

A number of health service providers from across the region also opted to draft separate responses, and those that were available by the February 29th submission deadline were included with the LHIN's overall response to the ministry. There were a total of 13 health service provider responses submitted to the NSM LHIN, as shown in Table 2.

Table 2 – Health Service Provider Responses

Alzheimer Society of Ontario	Barrie FHO
County of Simcoe	Entité 4
Helping Hands	Huronia Urgent Care Clinic
Medical Practitioners of Muskoka	Muskoka Health Link Steering Committee
NSM CCAC	NSM CSS Collaborative
Royal Victoria Regional Health Centre	South Georgian Bay Community Health Link
Women and Child Community of Practice North Simcoe Muskoka	

Per Ministry direction, all input collected from the engagements was submitted in raw (unanalyzed) form. In an effort to ensure that all collected feedback is reflected in the NSM LHIN's local response to Patients First, the LHIN has undertaken an internal review of the input provided through the consultation sessions, survey, and health service provider submissions.

Methods

All responses were collected and collated, based on the type of input and submitting body. A qualitative review of available data was then conducted by a team of LHIN staff from the PIECE and Strategy Management departments. Data was reviewed and coded individually and the team met on two occasions to reach consensus on the most salient themes.

The following seven themes reflect the issues and concerns most relevant to those who attended the consultation sessions, completed the survey, or submitted an organizational response. When appropriate, written excerpts from the survey and/or HSP submissions are included to further illustrate respondents' perspectives.

Results

Access

Access was a key theme reflected in the data, from the perspectives of both patients and health service providers. In particular, access was referenced in relation to both the availability of care and services and factors that impact patient access to and utilization of health care.

Responses to the survey suggest that both wait times and ease of access to local services are of significant importance to patients as it relates to their experience with the health care system.

> *If accessing local care is easier, less stressful. If we don't have to wait as long for the services or care that we need. [Public Survey]*

> *Wait times – waiting for care at clinics and hospitals has not improved, waiting for loved ones to access services (via CCAC, etc.), waiting for loved ones to get into LTC homes. [Public Survey].*

Both patients and providers identified the importance of the system navigation function in helping to improve patient access to care. Navigation was also noted as a key factor in improving equity of access for Francophone and FNMI populations.

> *System navigators and educators should be made available to assist clients who find themselves suddenly accessing a health care system that is unfamiliar to them. Many people don't access the care because they simply don't know what exists! [Health Service Provider Survey]*

> *Simplify the search for services available in French for patients. [FLS Consultation]*

> *A navigation system in French where the client or health service provider can call to find French services for the patients. [FLS Consultation]*

Patient comments reflect challenges in accessing levels of care that are appropriate to their needs (e.g., primary care), resulting in visits to alternate providers. The importance of accessing appropriate levels of care was also identified by healthcare providers, both in the consultations and submitted proposals. It was noted that there is a need for patient education on the most appropriate point of access and prudent use of health system resources.

> *Having access to a physician / nurse practitioner when needed without having to go to Emerg unnecessarily. [Public Survey]*

> *We have a physician, but unless we can predict needing their services in 3 weeks, we end up having to attend walk-in clinics. [Public Survey].*

> *…many patients do not know which health care delivery service to choose that would be most appropriate for their current condition. [Barrie Family Medicine Clinic Proposal]*

> *Where is the patient accountability? Will the government / LHIN provide greater education on better use of health resources?" [Primary Care Consultation]*

Input from providers also suggests there is some degree of misalignment in Ministry incentives that may be driving patient use of emergency services. This was noted in relation to both primary care access bonuses and the ED Pay for Results program, which were both seen to influence ED utilization for lower acuity conditions.

> *…every visit of a FHO patient to an Urgent Care Centre is billed against that patient's primary care physician's access bonus, just the same as a visit to any walk-in clinic. This encourages FHO physicians to promote directing their patients…to the emergency room… [Barrie Family Medicine Clinic Proposal]*

> *Need to re-educate patients about ER as we have created a 'fast food' expectation [and] increased demand. [Primary Care Consultation].*

Comments from health service providers suggest there is a need to consider both local and regional access to services, and for patient demographics to inform planning. There were a number of survey responses that suggested exploring options such as transportation and technology to improve access to available services.

> *Look at all the parts of the system. For example does a service have to exist in every area or do we need to work on transportation and or technology like OTN to facilitate access? [Health Service Provider Survey]*

> *From a clinical perspective all services will need to be available to each geographic area. However, studying and monitoring local demographics might inform different weighting for one service area or another. [Health Service Provider Survey]*

> *A lot of services go to the higher population areas such as Barrie. Unfortunately, there are many challenges in our own semi-rural area to get services - transportation issues over a larger area. [Health Service Provider Survey]*

Integration

Input from health service providers and patients regarding integration reflected the necessity of greater system integration across and within sectors. Integration was seen as being enabled and supported through informational continuity, including technological integration, data sharing and communication. The current state of technology and communication in particular, was referenced as a barrier to greater integration.

Communication is always the link between providers, if this is not present than integration does not occur" [Health Service Provider Survey]

…right now we are so siloed and we don't have very good communication between health sectors. [Health Service Provider Survey]

…recognize the need to integrate record keeping systems in a complex electronic communications environment. A fully integrated system will require appropriate sector representation in all phases of planning and development. [Health Service Provider Survey]

Enhance communication with a universal and highly effective EMR. [Health Service Provider Survey]

Health service providers noted the importance of greater integration with the primary care sector in particular, noting historical concerns of fragmentation and poor connectivity and/or communication. Limited access to shared information was commonly noted as a significant barrier to greater integration with primary care.

The main gap in the system currently is between home and primary care. [Health Service Provider Survey]

…primary care clinicians and service providers must have the tools needed to work more collaboratively around the patient. [Health Service Provider Survey]

The hard work is integrating primary and acute care. [Health Service Provider Survey]

Through this proposal there is the potential to make primary care seamlessly connected with the home and community sector. [CSS Sector Proposal]

Communication between PCP and other IHPs and CCAC needs to improve dramatically. [Health Service Provider Survey]

Health service provider feedback consistently acknowledged the value of collaboration across the sectors, supporting a more coordinated approach to care. This includes an understanding and appreciation of the roles and responsibilities of providers across disciplines and sectors.

...integrated care requires that all care team members understand their respective roles and responsibilities and trust each other to effectively execute their responsibilities. [Health Service Provider Survey]

…I think boils down to the right person (or team) for the right job at the right time. Which means we also have to know who is right for the job, which means we have to have good knowledge of each other's positions within the system. [Health Service Provider Survey]

The goal of a system of care that is relationship-based is one that enables communication, interaction and coordination of services along a continuum of care. [CSS Sector Proposal]

> *Better Interprofessional work allowing everyone to be working to their scope of practice and ensuring accountability to each other and clients is essential. [Health Service Provider Survey]*

Duplications and redundancies within the system and their impact on the quality and efficiency of care were widely noted by both patients and health service providers.

> *Identify and review of duplication of services across the full range currently being provided. [Public Survey]*

> *Work together to identify gaps and duplication. [Health Service Provider Survey]*

> *Do not duplicate services…confuses clients, wastes resources and frustrates front line staff as they feel undervalued. [Health Service Provider Survey]*

Health service providers recognized the value of standardized care and clinical practice to enable greater integration while improving quality of care.

> *All involved parties need to practice from a standard set of directives/ protocols so there is less fragmentation of care. [Health Service Provider Survey]*

> *…one of the key tools to support consistent, high quality integrated patient care is commonly adopted, evidence-based leading-practice clinical pathways. [CCAC Proposal]*

> *Care can be standardized while meeting all the local needs – it's how the care is delivered that may differ and this will need to be communicated to the general public. [Health Service Provider Survey]*

Throughout the responses, health service providers acknowledged and referenced the value of Health Links relative to their capacity to facilitate and support integration while delivering patient-centred care. Health Links were recognized as a potential source to enhance greater integration across the sectors.

> *Continue to provide a forum for all care providers from each sector to meet and plan together …Continue to support initiatives such as Health Links for more cross sectorial connections. [Health Service Provider Survey]*

> *I really feel that Health Links are the answer, this model works. [Health Service Provider Survey]*

Person- and Family-Centred Care

Input from health service providers was supportive of the *Patients First* concept and the need to strengthen person- and family-centred care. Many health service providers commented on the need to continue the culture shift to place clients and family at the centre of the transformation. Both patients

and health service providers identified the importance of patient and caregiver involvement and choice in care, in addition to addressing impacts on the patient and their family.

> *Patient and family centered care: much espoused but seldom incorporated in organizations especially hospitals. Current system is provider centered developed over many decades and highly interconnected/entrenched…patient ombudsman at each LHIN so patients and their families have somewhere to go to discuss their concerns and improvements can be made. [Health Service Provider Survey]*

> *We cannot consistently impact what the patient puts in their mouth, or how much alcohol they drink, but we can ALWAYS impact their experience in the health care system. [Health Service Provider Survey]*

> *I want to be part of the team, be part of the decision making for my own health and that of my loved ones. [Public Survey]*

> *Patients should have a voice at every level - this should be a mandate to receive MOH funding - MDs offices, hospital, FHT, etc., etc. [Health Service Provider Survey]*

Providers' comments also emphasized both holistic care and the social determinants of health as being essential to providing comprehensive patient care. The Health Links model of care delivery was highlighted as an example of person- and family-centred care and the value of system navigation and care coordination.

> *I am looking forward to a collaborative health care system that addresses the client in a holistic manner. I hope to see more "outside the box" "on the ground" "out of the ivory towers" kind of approach. We are here to support people in need they are not numbers. Relationship building is still the cornerstone of providing health care for clients where they are at. [Health Service Provider Survey]*

> *As a person who works daily with people with disabilities, I would like to see the system strengthen in customer service. I understand that people who are ill or living with challenges, such as mental health issues, can try the patience of a health care provider, but I have accompanied clients to appointments where the level of understanding for the circumstances has not been appropriate. [Health Service Provider Survey]*

> *Strengthen interdisciplinary primary care teams; embed care coordination/system navigation in the team as a function - not a role. There are already examples of this in Health Links in our region (e.g., South Georgian Bay where the individual patient's needs drive the decision re: which member of the team will provide care coordination)" [Health Service Provider Survey]*

Quality of Care

Quality of care was a key theme reflected in the data, from the perspectives of patients and health service providers. Patient comments stressed the importance of having confidence in the skill sets of providers and knowing that their care is based on the best possible evidence. Input from health service providers also noted the key role of best practices based on clinical competency and evidence-based care as the foundation for quality and safety.

> *Use highly skilled providers and coordinators, utilizing evidence based skills and critical thinking. [Public Survey]*

> *…ensure they are educated re best practice & clinical tools (like in BC, online tools for monitoring chronic diseases, education of patients). [Health Service Provider Survey]*

Providers' comments specifically referenced the need to develop and support knowledge management within learning organizations. Health service providers also identified the possibility for innovation in quality improvement standards and support for an HQO role. There were also a number of comments reflecting the importance of health care quality measurement in relation to quality of care and the role of quality in informing system planning.

> *Change the existing culture of the organizations & develop a "learning organization"... Total Quality Management/ CQI approach - incorporate knowledge management into all the day to day activities and outcome measures…provide decision support (individual and group) and technology to support the experts doing the work…Allow time for analysis, discussion, feedback and evaluation of work being done. [Health Service Provider Survey]*

> *Strengthen the role of HQO for a central body of clinical guidelines and evidence based medicine. [Health Service Provider Survey]*

> *…LHINs would also have a Provincial report on Quality and performance that would be shared with the public and providers. In this way measurement, evaluation and direction of funding and programs could proceed according to areas of need and performance. [Health Service Provider Survey]*

Equity

The concept of equity and/or inequity was reflected consistently throughout the responses of both patients and health service providers. Notably, responses identified concerns related to geographic issues of inequity that exist within the LHIN, specifically in the access, distribution and sharing of resources. There were also a number of specific comments in reference to current LHIN boundaries and their impact on equitable access to services.

The boundaries created by health care, social services and community councils often overlap or don't match resulting in clients and families struggling to find the care consistently simply because they are not within that specific boundaries. [Health Service Provider Survey]

A gap analysis would identify priority areas within each sub-geography in which to invest to equalize access and opportunity which would lead to greater consistency and standardization. [Health Service Provider Survey]

Regionalization although it has benefits, also results in small communities having difficulty accessing what they need. [Health Service Provider Survey]

Barriers currently exist in accessing services between central and NSM LHINs. This provides challenges in accessing equitable services across LHIN boundaries. [Health Service Provider Survey]

Health service provider comments and recommendations were noted with respect to facilitating greater equity in funding across the sectors, and within the system.

There are inequities in care within Simcoe County because the funding. [Health Service Provider Survey]

Work to eliminate funding envelopes that constrain the ability of providers across sectors from seeing patients located in different facilities/areas or prevent the pooling of resources to achieve enhance patient care. [Health Service Provider Survey]

Funding across home sector rewards expansion of hours in parts of system while others struggle with funding pressures and outdated contractual arrangements. [CCAC Proposal]

Health equity was a concern that was of particular importance to our Francophone and FNMI communities, in terms of both equity of access and equitable health outcomes. Geographic inequity was noted with specific reference to our First Nation Métis and Inuit communities.

Health outcomes should not be different because of where you live/what you have access to [FNMI Consultation]

...increase accessibility to remote areas and First Nations to further equity in resources. [Health Service Provider Survey]

Francophones don't ask for services in French anymore because they know they will not receive them. [FLS Consultation]

The theme of equity was also reflected in reference to marginalized and vulnerable populations, specifically the impact of social determinants of health.

…we need to stop having the silos of health care, social services, financial, housing and legal.....many people cannot access the care they need due to poverty, poor housing, lack of family and friends around them...social issues have a huge impact on health. [Health Service Provider Survey]

> *A stronger focus on decreasing health disparities for those at risk, particularly those of First Nation, Metis, Inuit and Francophone heritage is critical to improving primary care in this LHIN. [Health Service Provider Survey]*

Both patients and health service providers made reference to the potential for unintended consequences of existing structures and policies, which result in further inequity within the system. Respondents cautioned against developing policies that become inherently discriminatory as a result of their rigidity.

> *Home conditions in the community prevent delivery of services to patients who need them. [FNMI Consultation]*

> *Have a system flexible to meet needs of community…..policies/mandates make it rigid and exclusionary. [FNMI Consultation]*

> *A stronger focus on decreasing health disparities for those at risk, particularly those of First Nation, Metis, Inuit and Francophone heritage is critical to improving primary care in this LHIN. [Health Service Provider Survey]*

Governance

The theme of governance emerged throughout the responses of both patients and health service providers. A number of respondents expressed consideration and concern for ensuring governance adequately represented and reflected regional diversity.

> *I feel leadership with local knowledge of the community [is most needed]. [Public Survey]*

> *Front line clinicians and allied health professionals having active input into governance. We need to utilize the clinicians and allied health professionals that work the front lines to be participants on the current boards. [Health Service Provider Survey]*

> *More representation from a variety of models and professions along with community members. [Health Service Provider Survey]*

> *There should be an effort to include representation from various demographics such as the Francophone and First Nations communities, where qualifications are appropriate. Representation from a variety of Health Care disciplines and environments, such as Mental Health, Clinical, Medical, etc. would help to ensure understanding of issues faced on an ongoing basis within the system. [Health Service Provider Survey]*

Feedback from health service providers and patients also reflected consideration for flattening existing structures, eliminating unnecessary bureaucracy through consolidation, and working with existing structures.

Reduce bureaucracy; size and resources utilization should not become an ever growing "animal". [Health Service Provider Survey]

Training and consolidation…we have too many boards which is diluting the effective governors in our region [Health Service Provider Survey]

I don't feel we would require another layer of administration… No more executives are needed. Let's work with what we have. [Health Service Provider Survey]

Too many levels of Government, reduce the different silos. [FLS Consultation]

Respondents commented on the need to increase opportunities for education and support for board members and leaders, as well as consideration for appropriate recruitment and selection processes.

Do boards and leaders know what skills they need? What is their expertise and local knowledge? Who determines if these collectives or individuals are right for the leadership? [Health Service Provider Survey]

The governing body needs to be knowledgeable about health care, and the care their staff actually provide. Not just desk work. [Health Service Provider Survey]

Carefully select leaders that can lead change…Support coaching and mentoring to support these new roles. [Health Service Provider Survey]

…knowledgeable board; educated leaders... [Health Service Provider Survey]

Many health service providers expressed concerns or comments regarding governance of the LHIN. Particularly, they acknowledged the challenges faced by the existing LHIN Board relative to accountability, the potential for conflict should the mandate of the LHIN be amended to include service delivery, and the need for strong leadership and governance to enable the transformation.

Like the current public health, without legislation that allows for enforcement, the LHINs will continue to be ineffective and unlikely to be successful at promoting leadership. [Health Service Provider Survey]

LHINs need to have financial decision making power - governance/accountability without effective control of finances is of little value. [Health Service Provider Survey]

The governing body needs to be knowledgeable about health care, and the care their staff actually provide. [Health Service Provider Survey]

The structural changes contemplated in the Ministry's 'Patients First' proposal introduce some very significant governance and management considerations. [CCAC Proposal]

The governors of the proposed new Local Health Integration Network (LHIN) structure will be challenged with the task of effectively governing an entity responsible for both the planning and funding of many health care providers in the region, while simultaneously governing the operational components of a home care delivery organization... [CCAC Proposal]

Accountability

Accountability was consistently expressed within the responses received from health service providers and patients. In regards to system performance, feedback from patients and health service providers reflected consideration of the need to enforce greater accountability through standardization and the use of data.

…need accountability - public reporting, transparency, increased efficiency... [Health Service Provider Survey]

Build standardization into accountability - audit regularly and provide mentorship and coaching for organizations that are not meeting the standard. [Health Service Provider Survey]

When it [rolls] out, this plan, it would need to be evaluated. There needs to be a way for the community to voice what is working and what is not working. [Public Survey]

Health service providers provided feedback regarding the difficulties with accountability in the absence of authority, with particular reference to primary care.

If primary care funding remains with MOH, [then] MOH and LHIN consider what change levers LHINs will have to bring greater accountability and transparency to primary care. [Health Service Provider Survey]

…set clear parameters/outcome measures to evaluate effective care provision - Increase care providers' accountability. [Health Service Provider Survey]

Outcomes and accountability for all professions needs to be to the LHIN; thereby eliminating the fracturing off of the physician group, who remain accountable to the Ministry and not directly to the LHIN. The proposed disparity outlined on page 16 of the Patient's First document makes the LHIN vulnerable to enacting real change. [Health Service Provider Survey]

Respondents widely recognized the importance of standardized care and the need for increased accountability around adherence to standards and system performance.

...prioritize the further development and wide-spread adoption of leading practice home care clinical pathways. Adherence to these pathways must be supported by shared system-level outcome monitoring and performance management tracking indicators to understand how well we are doing in meeting our health system's objectives for our patients. [CCAC Proposal]

> *Provincial Standards on home care (should) then become part of the M-SAA for all agencies delivering home care. The LHIN should create an on-going opportunity for all home care providers to meet regularly as a sector and they should have quality of care, consistency of service delivery on their agenda. [Health Service Provider Survey]*

There were also a number of comments that reflected the importance of transparency and public reporting, building greater accountability within the system.

> *I would see the hospitals and physicians, and home care companies advertising that they are meeting the LIHN standards in the same way that restaurants have to post inspections. [Public Survey]*

> *Need for clearly defined measures of success-these should be made publicly available and reported on a frequent basis. [Health Service Provider Survey]*

> *Be clear and transparent on what this means service wise. There are many limitations on what a patient is entitled to. Family, patients are not familiar with this system and naive or may be very well versed and frustrated that needs are not being heard, addressed or serviced [Health Service Provider Survey]*

Conclusion

Following a review of data collected from community consultations, organizational responses and health service provider and public surveys, seven key themes were identified. These themes reflected the issues and concerns most relevant to those who participated in the consultative process. Responses, reflected in the excerpts included within this document, demonstrated both consistency in some components of each key theme, as well as diversity reflecting the range of respondents and the perspectives with which they shared their insight and feedback.