



Niagara Health System  
Système De Santé De Niagara

*Response to Patients First*



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DOUGLAS MEMORIAL SITE IN FORT ERIE, GREATER NIAGARA  
GENERAL SITE IN NIAGARA FALLS, NIAGARA-ON-THE-LAKE SITE,  
PORT COLBORNE SITE, ST. CATHARINES SITE, WELLAND SITE

FEBRUARY, 2016

## INTRODUCTION

The St. Joseph's Health System and Niagara Health System welcome the opportunity to comment on the Ministry of Health and Long-Term Care's discussion paper: "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario."

We strongly support the Ministry's vision for a locally driven health system that improves access and is patient-centred. In this response we contribute our experience as an innovation leader and our analysis of the characteristics of high performing health care provider systems. We encourage the government to ensure these reforms are rooted in evidence based research and with that in mind we make our first comment below.

**Missing from the four proposals is the vital role played by health professionals in education and health care research.** There is an important opportunity to grow applied research that will define new best practices that are patient focused across the continuum of care. Similarly we will benefit greatly if we develop new curricula for our leaders, clinicians and staff, as well as new career pathways that prepare our workforce to plan, lead and deliver integrated systems of patient-focused care.

### Proposal 1 - More effective integration of services and greater equity.

We support the increased role of LHINs and appreciate that the purpose of this change is to improve integration, access and equity for patients.

However, we have learned from our own experience, and the evidence on high performing health care provider systems, that structural change does not deliver results without other critical success factors in place.

These critical success factors include:

1. **Have clear performance metrics and targets for LHINs that measure system performance across the continuum of care** and not performance in silos. Use these to drive an improved experience for patients and their families that include great outcomes, ease of navigation, access and equity.
2. **Do not have funder/planners who also deliver direct care.**  
If LHINs deliver direct care, as CCACs have done, the numerous actual and perceived conflicts of interest will undermine their ability to manage the performance of providers. We note that CCAC staff will become LHIN staff and suggest that these staff be swiftly transferred or seconded to agencies tasked with the provision of care.

**CAUTION**   
**Planning, performance management and procurement should be separated from service delivery.**

**3. Continue to enthusiastically support integrated comprehensive care and other effective models of integrated care.**

There is a significant body of evidence supporting integrated care in Ontario and it is important to signal enthusiastic support for a continuation of these advances while the system takes the time and energy necessary to reform. If we don't there is a risk that significant gains we have made will be lost as the newly reformed system is implemented.



**Allow early adopters of integrated care to continue to innovate and demonstrate the benefits of patient focused care**

- 4. Performance measurement should be academically rigorous and transparent.** It should be the standard for all organizations in the health system, including the Ministry of Health and Long Term Care.
- 5. Develop Physicians Leaders and their Career Pathways.** The response from physicians is critical to reform. We need to purposefully develop physicians from all sectors and guide their career paths so that they can play a central role in driving reform. If not, we put the reform process at risk.
- 6. The MOHLTC should be clear on the degree of autonomy permitted at the level of LHINs, sub-regions' and where consistency is required across the Province.**

Be specific about where variation and innovation are acceptable and where standardized approaches are a requirement for LHINs and sub-regions.

In addition, while well intended, growth of provincial agencies (CCO, HQO, CCN) and their specific requirements, are beginning to cause role confusion, competition in the system, and duplication of reporting. This in turn creates inefficiencies for providers and pulls resources away from patient care. Clarity of purpose and alignment of goals related to these parts of the health system would be helpful.

- 7. Ensure governance and leadership skills and capacities are aligned to ensure LHIN success.** The significant increase in mandate for the LHINs will require expanded skill set for both the Board and management team to deliver on the goals of the reform. This may require a shift to skills based boards for LHINs.

## **Proposal 2 - Timely access to primary care, and seamless links between primary care and other services.**

In Ontario and other jurisdictions, such as the United Kingdom, health care has learned ‘the hard way’ that reform centred on primary care is problematic without clear accountability processes. We need to support LHINs and Primary Care to establish datasets and transparent scorecards that support the goals of reform. It is important for the reform process to embed the vision for of patient-centredness into processes for accountability and performance measurement. This will help to keep all of us on track.

With this in mind, we pose the following questions:

- 1. How will primary care integrate services with other health care providers? How will they provide patient information to support care as patient’s transition from primary care?**

To date, most of the focus of information sharing has been on the provision of information to primary from hospitals and CCACs. This is indeed an important area for improvement. However, in a patient-centred system the accountability and flow of information must be effective in all directions and between all providers, especially with the patients and family, if we are to deliver on the promise of ‘Patients First’.

- 2. How will primary care and primary care physicians be held accountable for performance in the new model?**

It will be important to specify clear goals with performance metrics that focus on deliverables and outcomes. These should form the basis of a transparent and publicly reported scorecard that clearly measures the progress of reform. Incentives will also need to be aligned and effective. Clearly, value for money is a driving factor because it has a significant impact on access.

**CAUTION** 

**LHINs and primary care should develop a performance scorecard that measures goals.**

### Proposal 3 - How can home care delivery be more effective and consistent?

We believe that it is essential to continue to separate home care planning, performance management, and procurement, from the delivery of services to patients. We have learned that combining the rolls of ‘funder’ and ‘provider’ is a poor recipe for success.

The St. Joseph’s Health System has been a provincial leader of integrated care with some striking benefits for patients and staff. In this section we use our experience to make some suggestions that we believe will support the process of reform.

1. **Implement the recommendations of ‘Bringing Care Home’.** This report provides valuable guidance on how to make home and community care more effective for patients and families and we encourage the Minister of Health and Long-Term Care to act quickly on his commitment to implementing the Patients First reforms.
2. **We suggest that all pre-acute, and post-acute, home care be coordinated by hospitals in bundled funding models.** There is now strong evidence about the benefits of this approach for patients. This model should be extended to include the Quality Based Procedures (QBPs) being rolled out across the system.
3. **In the case of individuals in the community requiring homecare, we support the proposal for the identification of a lead agency to coordinate services in each sub-region.** This lead agency would have the necessary infrastructure and administrative experience to enable more effective care integration with primary care, long term care, hospitals and other providers, in support of LHIN goals for integrated care.
4. **Move away from ‘encounter’ based funding to outcomes based bundled care funding.** The current system of funding and performance measurement, rewards isolated transactions of care. This does not drive the system toward the integration of care. A move towards bundled care funding would provide the incentives necessary to ensure goals of integrated care are achieved.
5. **Evidence from High Performing Health Care Provider Systems suggests that technology is being underutilized in Ontario home care.** The use of technology to support care and self-care at home has been an area of growth in higher performing provider systems over the last five years. The integrated care model pioneered by St. Joseph’s Health System has been successfully utilizing technologies to support home-based care. We should learn from St. Joseph’s and other jurisdictions on how to spread these technologies in Ontario.



IDEA

**Bundle all pre and post acute home care with hospital care.**

## Proposal 4 - How can public health be better integrated with the rest of the health system?

We enthusiastically support the integration of Public Health and the opportunity to engage Public Health in LHIN planning. We suggest:

1. **Align Public Health Strategic Plans and LHIN Integrated Health Service Plans** and also align Public Health and LHIN boundaries.
2. **Begin by engaging Public Health in the reform of the health care system.** In the short term there will be a greater benefit from staying focused on health care reform. Once substantively completed we can take the next step and expand integration to social services, housing and other community services.
3. **Look for best practice opportunities to coordinate Public Health and health care to target specific issues** such as infectious diseases outbreaks.

### Comments Related to 'Patients First Discussion Paper' as a whole

In support of the goals of patients first we make the following additional suggestions:

1. **Consider asking all health care providers to incorporate the vision of 'Patients First' into their next Strategic Plan.**
2. **It is important that we avoid adding more 'layers of bureaucracy' into the health system as we undertake reform.** Experience and evidence from high performing systems tells us that bureaucracies, though essential, are also a barrier to integration in frontline care delivery and to patient focused care.
3. **Drive results by setting goals and holding providers accountable for outcomes but do not impede innovation and performance by telling organizations how to deliver services.**
4. **Address the issue of excessive reporting requirements.** Some sectors of health care in Ontario are currently burdened by an excess of reporting requirements and this reduces the resources available for service delivery and also for innovation. It can create inefficiencies and seems to be driven from silos. This wasted energy needs to be redirected to reform.



IDEA

**Consider asking all health care providers to incorporate the vision of 'Patients First' into their next Strategic Plan.**

**Contact Information:**

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