North Simcoe Muskoka **LHIN**

Child, Youth and Family Services Coalition of Simcoe County

December 4, 2014

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Healthy People. Excellent Care. One System.

Outline

- Provincial Cabinet Ministers Mandate Letters, 2014
  https://www.ontario.ca/government/mandate-letters

- Update on
  - Care Connections Second Curve
  - Health Links 2.0

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Update:
Care Connections
Second Curve

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Context Setting: The Burning Platform

Quality (Better Health):

- Excellent Care for All Act
- Standards, safety
- Health Equity

Patient Experience (Better Care):

- Right care, right time, right place
- Coordinated care
- What is important to the patient

Health System Funding (Better Value):

- Projected $100M deficit by 2018-19
- Shrinking fiscal resources
- Funding directly linked to patient care

PROPOSED: New Service Delivery Model

CCSC mandate: to develop a system-wide NSM LHIN service delivery model which would define how HSPs deliver regional and local services, and clarify which services would be provided at a provincial level

- A conceptual service delivery model with regional and local entities has been defined.
- As this thinking evolved, it was evident that the appropriate accountability and authority structures could be evolved from current structure
  - NSM LHIN has in place several groups – Leadership Council, Operations Committee, Second Curve Working Group, Regional Councils (clinical and enabling), and Health Links.
  - Given the effort it took to start up these groups, it seems a wise investment to consider transforming some or all of these into a robust chain of system-wide accountability and authority structure.

PROPOSED: New Service Delivery Model (con't)

CCSC mandate: to develop a system-wide NSM LHIN service delivery model which would define how HSPs deliver regional and local services, and clarify which services would be provided at a provincial level

- Once the structure is determined, an implementation and change management plan can be described to bring each selected element to the level of responsibility, authority to act, and accountability for actions that is necessary to support Second Curve approaches to service delivery.
- A reconstituted Leadership Council will need to redevelop rapidly as the highest accountable body to the NSM LHIN for service delivery.

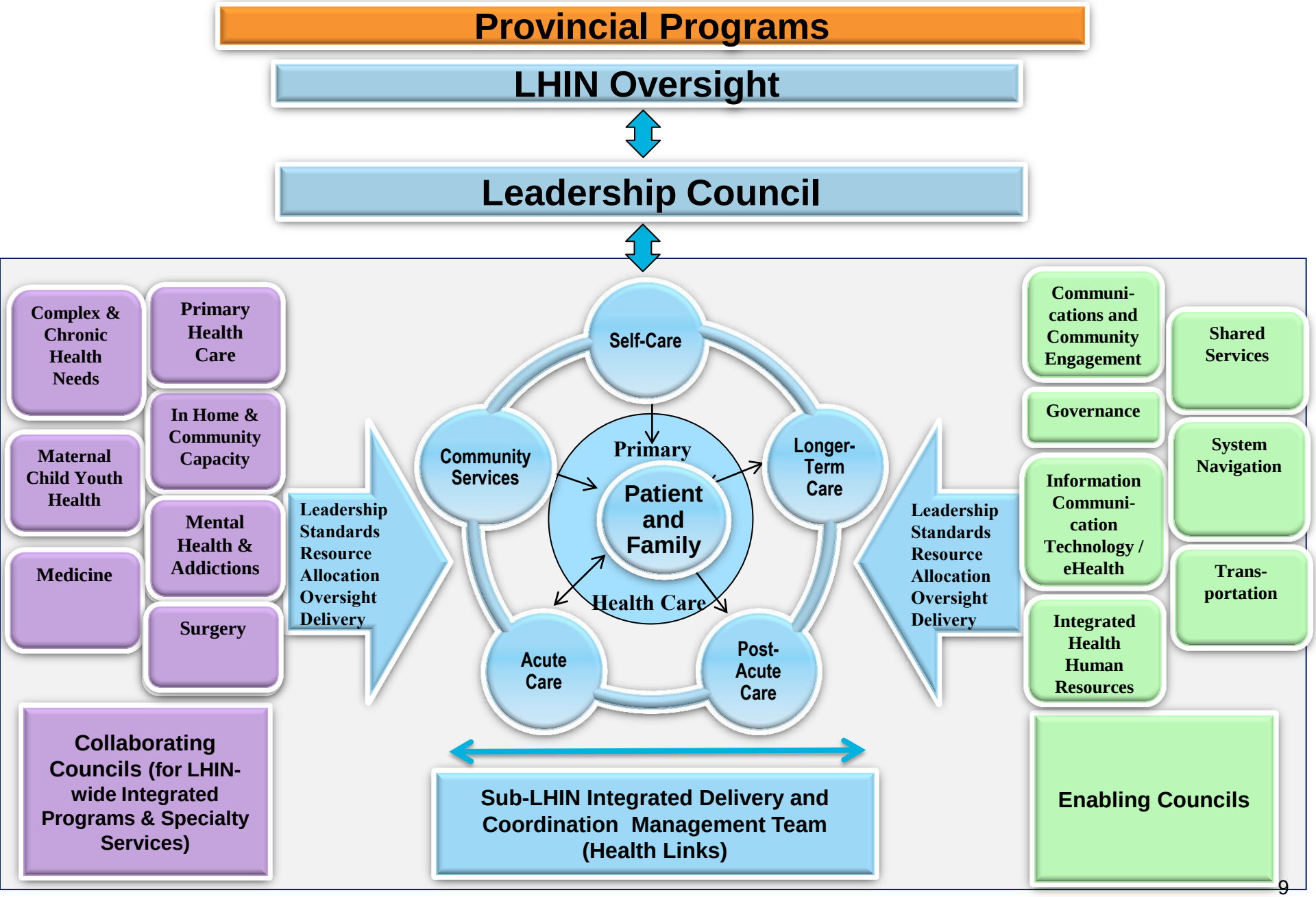
Model Design Principles

- Design is in alignment with second curve assumptions and beliefs
- Based on community need
- Primary Health Care is the foundation of the system
  - Wrap-around co-ordination with patients and their families
  - Connection of primary health care to home care, community services and to hospitals
  - Supported by enriched diagnostic services
  - Supported by access to emergency transportation and services
- Leverage existing capacity and assets
  - Not necessarily in the same way currently used
  - Beds will be used for the right purposes

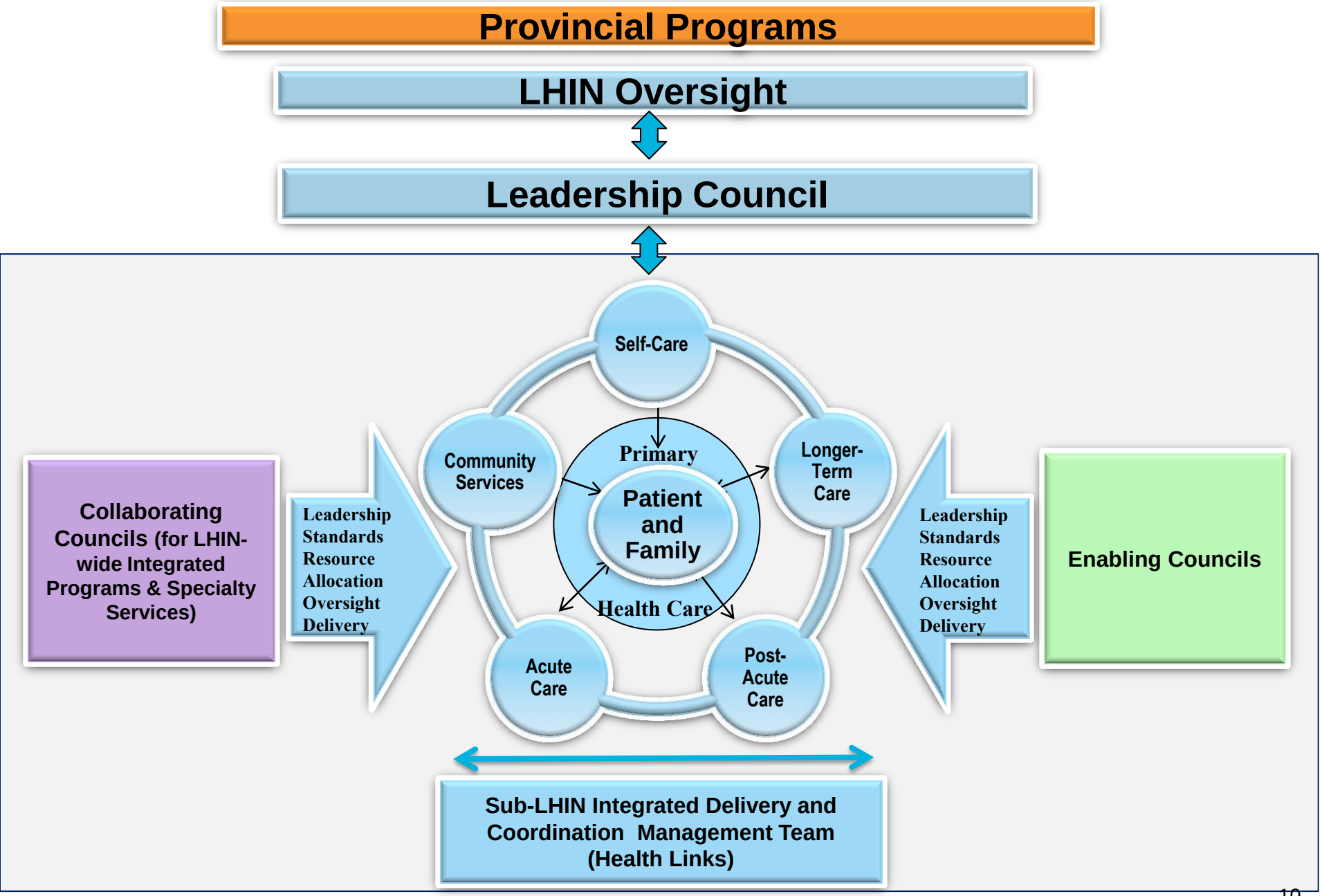
Model Design Principles (con't)

- Design to support quality and better health
  - Volume, efficiency and good outcomes
  - Ensuring that people have a positive experience of care
- Design for system sustainability utilizing evidence and current health system funding reform models
- There will be consistent clinical pathways and systems across the NSM LHIN
  - Regional system leadership
- Design will drive achievement of better health, quality and safety benchmarks and value
- Appropriate incentives/disincentives will be in place to drive performance

Integrated Regional and Sub-LHIN Regional Model (Transitional State)



Integrated Regional and Sub-LHIN Regional Model (Future State)



Integrated Regional and Sub-LHIN Regional Model

Integrated Regional Health System

Primary Health Care

Complex & Chronic Health Needs

In Home & Community Capacity

Maternal Child Youth Health

Mental Health & Addictions

Medicine

Surgery

Collaborating Councils (for LHIN-wide Integrated Programs & Specialty Services)

ROLES AND RESPONSIBILITIES:

- **Collaborating Councils:**
  - Comprehensive responsibility for regional program leadership, oversight, planning, evaluation and external linkages for regional (LHIN-wide) programs and specialty services
  - Would have the authority to recommend relocation of all or parts of programs to different HSPs, councils
- **Enabling Councils:**
  - Comprehensive responsibility for regional back office services and enabling systems, oversight, planning, evaluation, and external linkages
  - Would have authority to arrange for enabling services to be delivered in consolidated / shared service arrangements, depending on the system
  - Provide guidance on HR, governance, engagement
- Use quality as the driver for system redesign
- Appropriate incentives/disincentives to drive performance; contracts and agreements with LHIN-funded, non-LHIN funded HSPs (as the system evolves), and other third parties (for enabling systems)
- Evolve as needed – e.g. combining councils

Communi-cations and Community Engagement

Shared Services

Governance

System Navigation

Information Communi-cation Technology / eHealth

Trans-portation

Integrated Health Human Resources

Enabling Councils

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Desired State: Services Based on Community Needs

Provincial /Specialty Programs

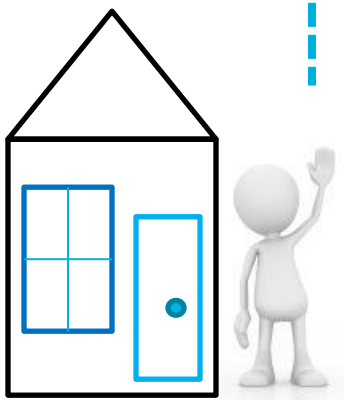
Examples:

- Transplants
- Specialized paediatric care and surgery
- Forensic mental health
- Trauma

Regional/Specialty Programs

Examples:

- Oncology surgery
- Orthopedic surgery (i.e. total joint replacement)
- Stroke care
- High acuity COPD, CHF



Local Programs/Services

Driven by ability to meet quality standards, population density and QBP cost/case

An array of services including…..

- Primary care, home care, LTC, supportive housing, community support services and MHA, and acute care
- Robust diagnostic services
- Rehabilitation resources
- Access to emergency services, including mental health and addictions
- Some specialty services

Self-Care & Wellness

"Being as healthy as one could be":

- Self-care
- Health Promotion
- Chronic Disease Prevention and Management
- Social Determinants of Health

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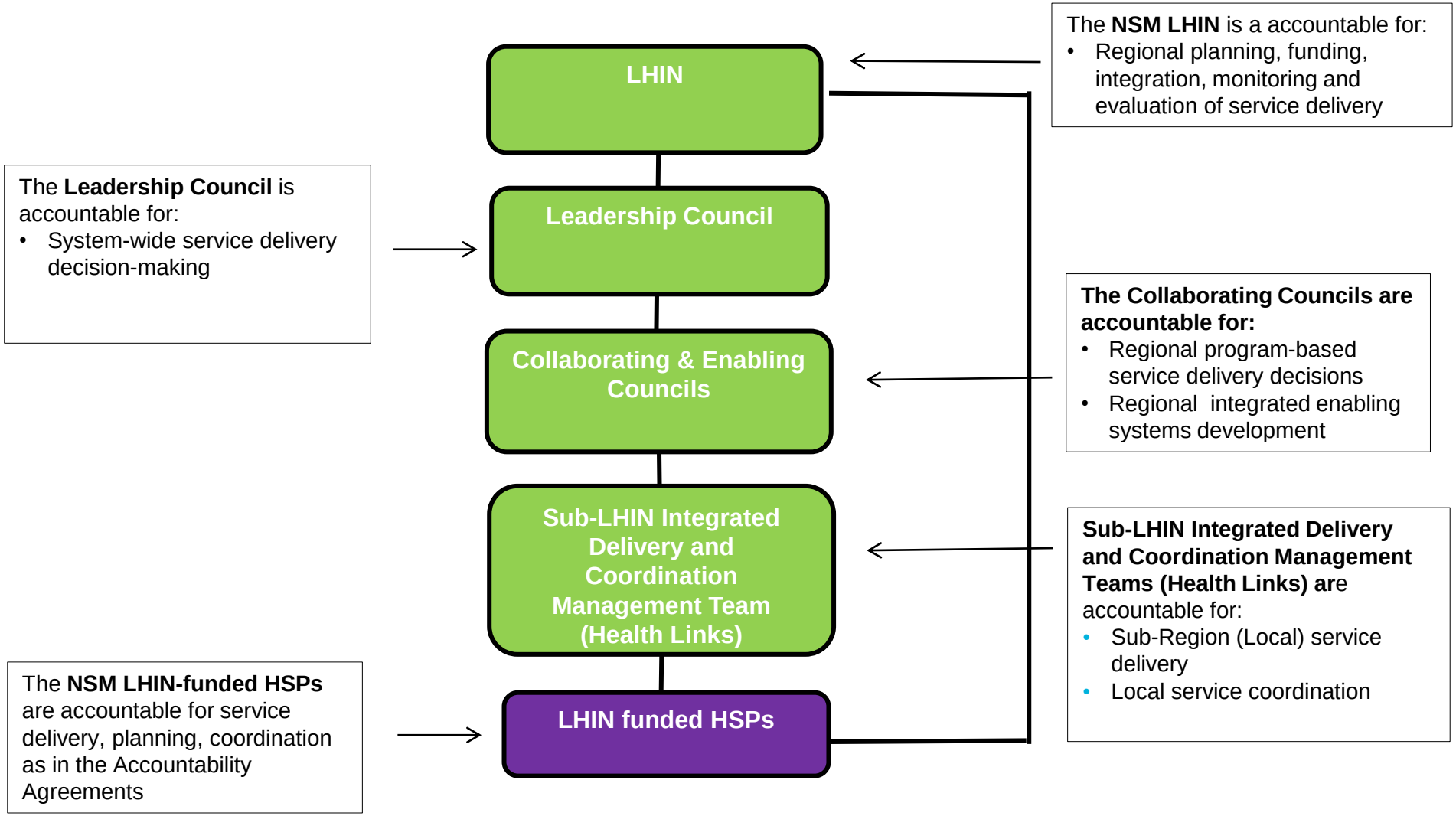
The Supporting Authority and Accountability Structure



PROPOSED: Decision-Making Authority and Accountability

A key feature of the proposed model is defined responsibility for informing, making, and carrying out decisions to meet the financial imperative while improving quality of health services in North Simcoe Muskoka.

Entity	Current State	Future State
LHIN	1. Define vision, goals and priorities for NSM through the IHSP; 2. Allocate resources on the basis of IHSP	1. Define vision, goals and priorities for NSM through the IHSP and provincial initiatives; 2. Approve recommendations of the Leadership Council; 3. Allocate resources on the basis of IHSP; approved Leadership Council recommendations; 4. Hold Leadership Council members accountable for appropriateness of recommendations; and 5. Hold Lead Organizations accountable for implementation of approved direction from Leadership Council.
Leadership Council **(including its committees)**	1. Provide system leadership to the NSM LHIN CEO on issues related to the design and realization of an integrated health services system in NSM LHIN. (1) 2. To oversee the implementation of *Care Connections'– Partnering for Healthy Communities* structures and processes. (2)	1. Ensure that plans developed by Collaborating Councils are consistent with financial imperative, IHSP, Second Curve goals (person-centred, supporting primary care, collaborative, etc.); 2. Set priorities across Councils, using clear decision making criteria: 3. Direct Collaborating Councils to develop or amend plans for service improvements, define goals to be achieved in such plans and deadlines for their completion; guide and hold Collaborating Councils accountable for meeting goals and deadlines; 4. Define the types and number of Collaborating Councils needed and determine priorities across councils; and 5. Guide and hold Collaborating Councils and Sub-LHIN Teams accountable for meeting goals and deadlines in the execution of approved plans.

(1) Source: Current Leadership Council Terms of Reference
(2) Source: Current Operations Committee Terms of Reference

PROPOSED: Decision-Making Authority and Accountability

A key feature of the proposed model is defined responsibility for informing, making, and carrying out decisions to meet the financial imperative while improving quality of health services in North Simcoe Muskoka.

Entity	Current State	Future State
Collaborating Council	1. Develop and execute plans for service improvement, ensuring that the plans reflect an approach that is collaborative, inclusive and guided by IHSP, Second Curve goals.	1. Develop and execute plans for service improvement, ensuring that the plans reflect an approach that is collaborative, inclusive and guided by IHSP, Second Curve goals; 2. Recommend program-based service delivery decisions – service types and volumes, service distribution, location, quality, resources; and 3. Establish metrics to guide system improvement and evaluate; and 4. Be accountable to the Leadership Council for achievement of targets.
Enabling Council	1. Develop and execute plans for service/subject area improvement, ensuring that the plans reflect an approach that is collaborative, inclusive and guided by IHSP, Second Curve goals.	1. Develop and execute plans for service/subject area improvement, ensuring that the plans reflect an approach that is collaborative, inclusive and guided by IHSP, Second Curve goals; 2. Recommend decisions on subject area improvement priorities – e.g. collective and strategic approaches, transforming mode of delivery, integrated systems; and 3. Establish metrics to guide system improvements and evaluate; and 4. Be accountable to the Leadership Council for achievement of targets.
Lead Agency	1. Chair the Collaborative Council and ensure processes are in place for planning and formulation of recommendations	1. Chair the Collaborative Council and ensure processes are in place for planning and formulation of recommendations 2. Demonstrate leadership in ensuring an effective council process, consensus building, collaboration

PROPOSED: Decision-Making Authority and Accountability

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Entity	Current State	Future State
Sub-LHIN Integrated Delivery and Coordination Management Team (Health Links)	1. Improving care for seniors and others with complex conditions, bringing together health care providers in a community to better and more quickly coordinate care for high-needs patients.	1. Develop and execute plans for local service delivery, compliant with recommendations of regional collaborative councils and Second Curve goals, and inclusive of local needs and priorities. Ideally the Health Links will evolve into this role over time.
Health Service Providers (HSP)	1. Service delivery decisions based on own priorities, informed by an assessment of the environment	1. Service delivery decisions based on system-wide directions.
Health Service Provider (HSP) Governance	1. HSP Board of Governors responsible for providing strategic leadership, assess the quality of care provided, ensure financial resources are managed appropriately 2. Making sure that the HSP meets the health care /service needs of the community, as informed by environmental scanning and within the resources that are available to provide services. 3. Responsibilities and resources negotiated with the LHIN and documented in individual HSP Accountability Agreements	1. HSP Board of Governors responsible for providing strategic leadership, assess the quality of care provided, and ensure financial resources are managed appropriately; 2. Making sure that the HSP meets the health care / and service needs of the community as defined by system-wide and sub-system (local system) objectives and priorities; 3. Be involved in system planning; and 4. The individual HSP Accountability Agreements document responsibilities and resources for service delivery, in collaboration with other HSPs in achieving system wide and sub-system objectives and priorities.

PROPOSED: Schedule of Next Steps / Process Overview

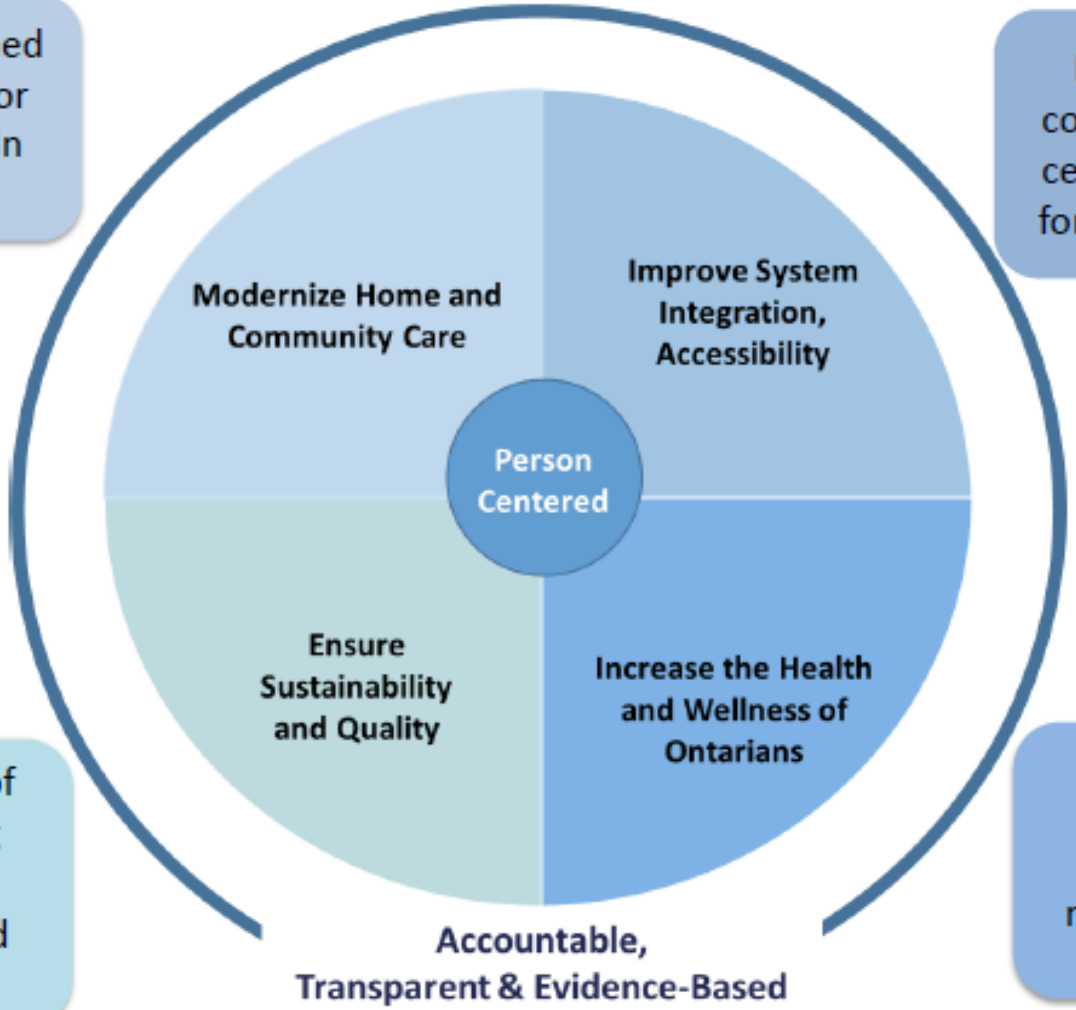
		Elapsed Months											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Recommendation of the report to the LHIN Board												
2	Communication and engagement on the Future State Service Delivery Model												
3	Detailed design phase of accountability and decision making												
	• Transforming NSM LHIN processes, e.g. priority setting, IHSP, ABP, Accountability Agreements												
	• Leadership Council development												
	• Collaborating and Enabling councils' development												
	• Transitioning Health Links into the Sub-LHIN role												
4	Identify short term priorities												
5	Continue to engage the HSP Governors												
6	Change management plan and delivery to support steps in the transition												
7	Develop a plan for evolving the model												

Update:
Health Links 2.0
(Proposed)

Strategic Priorities and Health Links

Support strengthened provision of care for complex patients in the community

Drive integrated, coordinated patient-centred care at scale for complex Patients

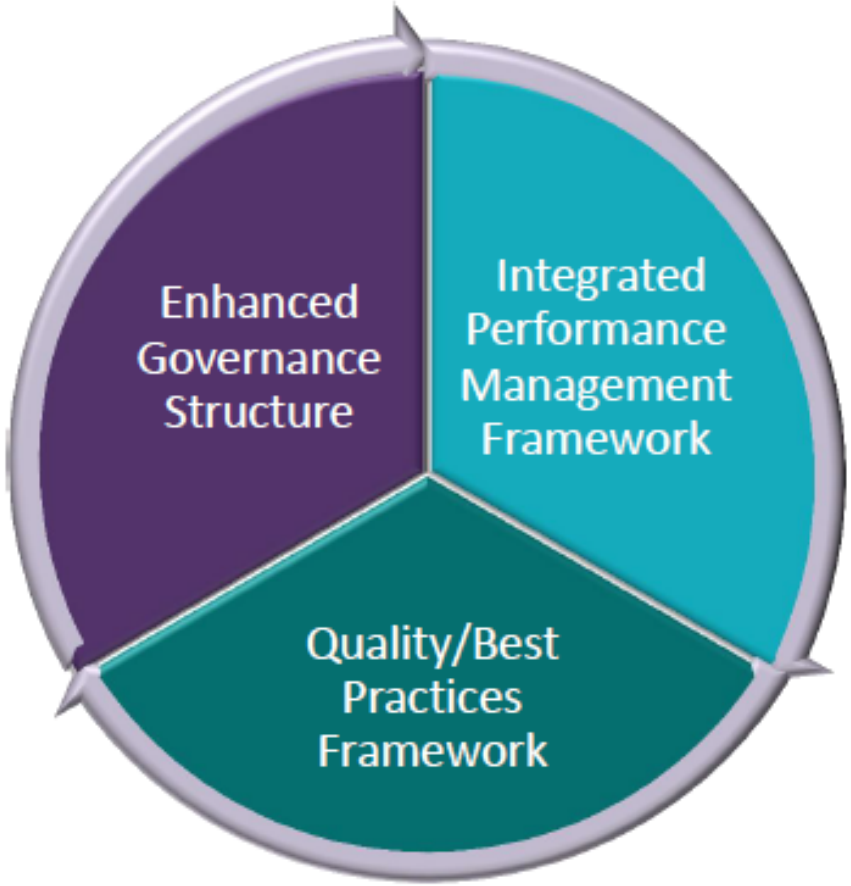


Support adoption of integrated funding mechanisms to facilitate integrated care

Driving improvements in health and social needs of vulnerable populations

HealthLinks

Advanced Health Links Model



An Advanced Health Links model is proposed to move from early implementation to a provincial model that will:

- Enable coordinated care at scale through 90+ Health Links
- Promote quality care across the continuum and sectors and an improved patient/provider experience
- Ensure shared accountability with LHINs for performance
- Drive to sustainability of Health Links and health system savings
- Drive broader health system integration

Building towards Advanced Health Links model

Summer 2014 → End of 2014-15 → Spring 2015 and Beyond

Governance:
- Mandatory letter of cooperation
- Formalized LHIN Roles and Responsibilities
- Pilot and evaluate LHIN regional/flexible funding
- Support bridge funding
- LHIN Based funding to support Mental Health services within Health Links

Possible Interim

Performance management:
- Ministry guidance on population identification
- Quarterly discussions with LHINs
- Move from 2 to 8 mandatory indicators
- Introduce short-term measures

Quality/Best Practices:
- Common focus for QIP
- Work with HQO /OHA to Identify, develop and disseminate best practices

Governance:
- Changes to MLPA (roles and responsibilities, funding agreement, commitment to performance targets)
- Sustainability plan including savings/spending targets

Performance management Framework:
- Quarterly targets based on system aligned indicators
- Base funding allocation at LHIN-level

Quality/Best Practices:
- Aligned QIP or integrated HL QIP
- Best practice adoption by HLs
- Integration of QBPs and clinical care pathways

CCT "Proof of Concept" Phase

Questions?
Comments?

Thank you for your active participation, input and support, on an ongoing basis.