

Board-to-Board Meeting Report Friday November 20, 2015

9 a.m. – Noon Lancaster Room, Royal Canadian Legion, Smiths Falls, ON

1. Welcome and Introductions

Graeme Bonham-Carter

Graeme Bonham-Carter welcomed attendees to the fifth Board-to-Board meeting. Each attendee introduced his/herself to the group. The meetings held twice a year are for members of the boards of directors of the agencies that make up the Rideau Tay Health Link (RTHL).

Purpose of this meeting:

- To update and inform the boards about Health Links at a local, LHIN, and provincial level.
- To receive an update on changes that have occurred at board level at various boards.
- To have small group discussions on what a successful integrated primary care system might look like in the future in Rideau Tay Health Link.

2. SE LHIN Collaborative Governance and Community Engagement Committee Subregional Forums

David Sansom

David Sansom, a Director on the SE LHIN Board, gave a short presentation on a new initiative being implemented by the Collaborative Governance and Community Engagement Committee of the SE LHIN. This LHIN committee has proposed the formation of 3 subregional forums – namely Western, Central and Eastern Sub-Regional Governance Forums. The forums would be comprised of members of the Boards of Directors of HSPs in the sub-region. Their main purpose would be to improve input/ advice to the Board on strategic issues and concerns. Overall, there was general support for exploring the Eastern sub-regional forum concept. The next steps include:

- I) soliciting interest in Co-chair roles – one individual from Rideau-Tay and the other from the Brockville /Leeds Grenville (1000 Islands);
- II) bringing a group together in January to brainstorm on an approach for moving the forum initiative forward; and

The idea of hiring a facilitator for this meeting was suggested (possibly Christine Peringer who facilitated the first two RTHL B2B meetings.)

ACTION –Graeme Bonham-Carter, Janet Cosier, Peter McKenna and Richard Schooley to plan the January meeting

3. SHIIP Update

Dr. Andrew Everett

Dr. Everett presented an update on SHIIP, the software application developed by the SE LHIN to capture information contained in HL Care Plans and to provide rapid data communication between members of the circle of care for each HL patient. Dr. Everett showed sample screen shots to illustrate the utility and power of the system, now being trialed and soon to be rolled out for general use in HLs in the Southeast.

4. RTHL Update – Advanced Health Links Model

Maureen McIntyre

Maureen McIntyre reported on the Ontario government's new Advanced Health Links Model, and the differences and similarities with the current model. There is to be a greater emphasis on consistency across Health Links, and adjustments made to allow for greater coordination of services across health, community, social and justice sectors.

The age profile of patients may be a surprise as the medically complex and social needs of some 'less elderly' patients can be a factor. Maureen spoke about the barriers for patients and gave some examples; barriers are not just medical but other needs such as food and clothing. She reported on a Care Coordinator Training Day held in Kingston on November 13th.

ACTION – circulate the Health Links Fall Communique to members and make all communiques available online (as an item on the RCHS website). Done

5. Small Group Discussion – Ideas for Primary Care in the Future

Dr. Andrew Everett introduced the topic, currently being debated by the government. The SE LHIN would like to get RTHL governors' ideas about how the current primary care system might be improved?

Question: Please reflect on:

“What would a successful integrated primary care system look like in Rideau Tay Health Link?”

The meeting broke into 3 discussion groups, and a reporter from each group made a short presentation to summarize the discussion. The following are the brief summaries.

Group # 1 (reporter Marty Crapper)

- Would be connected electronically to all parts of healthcare system. Single EMR
- Patient centred: clients have access to their own healthcare records
- System is funded to include robust health promotion and prevention programming

- Enhanced use of informal community supports “family, faith and friends” as integral parts of the healthcare system. Need real “connections” particularly in rural communities (ie: Wraparound)
- If there are different models of Primary Care, we must coordinate after hours/hours of service so that everyone has access after-hours. Single “on-call” system. All models of primary care (if continued) are accountable to the same funder (LHIN) for the same outcomes.
- All primary care providers have access to same allied health services (community pharmacist, social workers, footcare etc.)
- A community governed system of primary care that reflects REAL communities as defined by the people who live in them. Maintain and enhance existing community governed organizations. Leverage the “1000” board members already in existence. These are engaged citizens who make a difference.
- Build and maintain a culture where all board members focus on the whole health system, not on a single organization. Use board members to engage and mobilize local communities.

Group # 2 (reporter Jan Hopkins)

- Made progress putting in place Health Links – informs what we do in future.
- HL framework also fits primary care.
- Relationships with specialized treatment and primary care provider.
- Need to identify the next 10% - prevent them from becoming the 5% complex patients.
- Better referrals to community services from primary care providers.
- Reach to those in poverty – connecting by all providing services.
- Primary care is cradle to grave.
- Table for service providers to share/refer services
- Privacy barrier would disappear
- Patient-centered care: providers should have access to patient information.
- It should be easy for an individual to consent to release of their health information to their circle of care.
- Place for low rules for complex patients, to allow for innovation
- Primary care is the hub of a patient-centered system.
- Community-governed
- Integrated: all health care providers – all private sectors included.

Group # 3 (reporter Doug Burt)

- The CHC/nurse practitioner led clinic models are considered the best “one stop” multi-disciplinary primary health care models for rural areas;
- Access to care a problem because of transportation needs;
- Lack of funding creates a huge barrier to home visits
- Technology exists for home visitors to communicate with health support services and/or access health file.
- More attention needs to be focused on health promotion

- The CHC model:
 - o supplemented by mobile units would reduce need for travel to CHC or urgent care;
 - o paramedics can deal with non-emergent situations if they have electronic access to medical files and physicians/nurse practitioners;
 - o Travel vouchers to permit clients to visit CHC/nurse practitioner clinic rather than waiting and then visiting urgent care would be less costly
- The system must be a robust integrated system including community support services

General Comments

An attendee suggested that the site **healthydebate.ca** is a very useful source for articles about Canada's health system. The article specific to Primary Care is as follows:

<http://healthydebate.ca/2015/11/topic/baker-price-primary-care-report>

6. Date of Next Meeting:

It was agreed the next meeting would be held in May 2016.

The meeting adjourned at noon.

Board to Board Reports and Presentations

This report and presentations, as well as previous reports, can be found on the RCHS Website at the following link:

http://www.rideauchs.ca/index.php?option=com_content&view=article&id=135&Itemid=417

Appendix A: RTHL B2B Participant List November 20, 2015

Alzheimer Society of Lanark/Leeds Grenville	Louise Noble, Executive Director, Don McDiarmid, Board Chair
Champlain LHIN	David Somppi, Acting Vice-Chair
Community Home Support Lanark County (CHSLC)	Doug Burt, Board Member
Country Roads Community Health Centre	Marty Crapper, Executive Director Maggie Fleming, Brian Preston, Board members
Lanark County Mental Health	Wayne Johnson, Board member
Lanark Renfrew Health & Community Services	John Jordan, Executive Director; Stephen Bird, Board Chair, Noreene Adam, Annette Hewitt, Co-Champions, Community Members
Lanark County Paramedic Service	Ed McPherson, Chief
Leeds, Grenville, Lanark District Health Unit	Aubrey Churchill, Vice Chair
Perth and Smiths Falls District Hospital	Bruce Rigby, Gardner Church, Tom Belton, Board Members
Rideau Community Health Services	Jan Hopkins, Secretary; Don Dutton, Treasurer; Wynn Turner, Vice-Chair; Graeme Bonham-Carter, Phil Fortier, Terry Lee, Board Members; Mary Hegan Community Engagement Committee Member; Peter McKenna, Executive Director,
Rideau Tay Health Link Team	Maureen McIntyre, Project Manager, Marion Fuller, Administrative Assistant
Smiths Falls Nurse Practitioner Led Clinic	Ruth Kitson, Chair; Lee Ann Brennan, Administrative Lead
South East Community Care Access Centre	Wendy Cuthbert, Board Member, Jackie Redmond, CEO
South East Local Health Integration Network	Cheryl Chapman, Senior Consultant, Design & Implementation; Andrew Everett, Primary Care Lead, Janet Cosier, Jack Butt, Board Members
Arnprior Region Ottawa West (Health Link in Champlain LHIN)	Joshua Hambleton, Project Manager, AROW Health Link