Report

Opportunities to Strengthen Patient-centred Care in the Lanark Leeds and Grenville Sub-region:

A Forum for Health, Community Care and Social Service Governors and Leaders

November 4, 2016

9 a.m. – Noon Free Methodist Church Hall, 573 Hwy 29, Smiths Falls, ON

Summary

This is a report of the first-ever meeting of representatives of the boards of directors of the health and related agencies working within Lanark Leeds and Grenville. At the meeting, the more than 60 participants representing 24 organizations shared ideas about the opportunity to work as a more integrated health system.

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1. Introduction

a. Greetings and Introductions

The co-convenors Sherri Fournier Hudson (Executive Director, Upper Canada Family Health Team), Graeme Bonham-Carter, (Board Director Rideau Community Health Services) and Richard Schooley (Past Chair, Board of Directors Perth and Smiths Falls District Hospital) welcomed participants to the meeting.

Participants then introduced themselves. There were sixty people present at the time of introductions, with more arriving as the meeting progressed. See Appendix A for the list of participants.

b. Why a Forum?

Experience in Canada and around the world is showing us that only by working together will we be able to improve the quality of health and health care. Within Lanark Leeds and Grenville (LLG), we can build on the success of the Health Links that, through increased service integration, are improving the health care experience and outcomes for the most vulnerable in our community.

Health Care Tomorrow is asking things of our hospitals that can only be achieved by closer ties to primary care, health, community and social services. The Ministry of Health and Long Term Care's *Patients First* legislation envisions an important role for more integrated "sub-regions" of the LHIN.

The purpose of this meeting was as follows:

- Confirm that the key proposals of *Patients First* are relevant for LLG
- Explore if/how LLG organizations can structure their work together as a strategically integrated "sub-region"
- Assist governors and executive leaders to get to know the leadership of other organizations and services in order to build a base for future collaboration
- Improve the communication between Health Service Provider Boards and the LHINs

See Appendix B for the meeting agenda.

2. Presentations

The morning started with three brief presentations. (To view the speakers' PowerPoint slides, click on the links provided below each summary.)

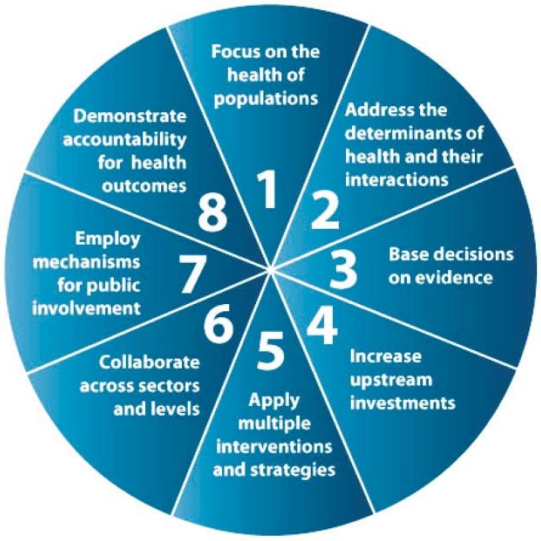
a. Peter McKenna, Executive Director, Rideau Community Health Services

"Strengthen Patient-Centred Care in Lanark, Leeds and Grenville Sub-Region"

Each LHIN has submitted to the Ministry of Health and Long Term Care (MOHLTC) their plans to formalize sub-regions. Each sub-region needs to align with existing patient care and referral patterns and cover a population of at least 40,000 people among other requirements. A dialogue between the Ontario Primary Care Council (OPCC) and the MOHLTC is creating a vision to guide efforts at the sub-region level. Peter identified concepts that will likely be priorities as sub-regions emerge.
http://www.rideauchs.ca/images/pdfs/LLG_Forum_Nov2016/SubRegionBoard2BoardNov2016-PeterMcKenna.pdf

b. Michael Spinks, Chief Knowledge Officer, South East LHIN

"Identifying Unmet Health Care Needs in the LLG Sub-Region"



Population Health Approach
Public Health Agency of Canada

Michael first shared SE LHIN assumptions for *Patients First* sub-regions. He then presented detailed information on population trends, patterns of health care use, prevalence of chronic diseases and risk and service access factors. This data-rich presentation is also available at
http://www.rideauchs.ca/images/pdfs/LLG_Forum_Nov2016/SELHINAnalysisPFSubRegionsTIRTNov16.pdf

c. Dr. Paula Stewart, Medical Officer of Health anc

"Population Health 101"

Dr. Stewart shared the goal of the population health, which is to maintain and improve the health status of the entire population and reduce inequities in health status between population groups. Dr. Stewart compared smoking and physical inactivity statistics and noted that both reduced as income increased. The Public Health Agency of Canada has an 8-step process to incorporate a population health approach. (See diagram above.)
http://www.rideauchs.ca/images/pdfs/LLG_Forum_Nov2016/PopHealth101DrPaulaStewart.pdf

3. Discussion:
How can we work more closely together to improve health in LLG?

The forum participants worked at their tables to identify the end-state they would like to create and then to share ideas on what action priorities could be set together to bring about this future state.

The discussions produced a wall full of ideas on sticky-notes; these ideas are presented on the following pages where they have been organized by theme. In situations where identical or very similar ideas were expressed, the idea has been listed just once with the number of times it was referenced is presented in brackets, e.g. if mentioned twice, it will say (x2).

Desired End State: If we were working more closely together, what would it look like? What would be the impact?

a. **Approach based on an understanding of who is at risk**
   - Data driven (x 2)
   - Need clear data on who in our area are at risk
   - Where does the water flow? Know the needs and set upstream priorities
   - Based on sharing information
   - Based on community processes
   - "Age-friendly" process
   - Better ways of identifying high risk unattached people
   - Treatment models based on data and health promotion

a. **Patient and Community Centred Care**
   - Patients can easily get information (What is available? How to access?)
   - Help for people at risk navigating to services and supports
   - Make the route to wellness less boundary-confusing and more about meeting community needs
   - Understand where people want to access service (beyond residency data)

b. **Sub-regional planning and action mechanisms**
   - Sub-region planning tables bringing people together to identify strengths and assets and to work on ideas and issues
   - Steering Committee
   - Patient advisory council
   - Working toward a place where we advocate for the changes we decide upon

c. **Full stakeholder participation**
   - Engage and build on the strengths of the community (x4)
   - Find better ways to engage physicians and/or include their input
   - Involve relevant stakeholders e.g. MOHLTC, MCYS, MOE

d. **Social Determinants of Health are central**
   - Housing and transportation are factored into decisions (x2)
   - Incorporate prevention in health, not just cures (x 2)
   - Use Canadian Index of Wellbeing (CIW) as a decision-making tool (following Guelph example)

e. **Integrated Services**
   - Small "I" integration: define it, understand it and remove the organizational fear of working together
   - Universal communication tool across all disciplines
   - Long term vision: all primary care is accountable for the same metrics and working as part of a managed system
   - Focus on access <u>out</u> of primary care (and into other parts of health care system), not <u>into</u> Improved information sharing among healthcare agencies and organizations
   - All have a role in advocacy and accountability
   - Silos don't exist

Taking Action:
Where do we start? What priorities can we set together?

a. In general

- Build on Health Links
- Maintain momentum
- Do not add to the bureaucracy (Comment in exit evaluation in response: "but who coordinates and supports the sub-region in a dedicated way?")

b. Analyze current state and identify needed action

- Identify resources and where gaps exist
- Identify priorities
- Identify objectives and focus on outcomes, not structure
- Debrief on past actions – identify why past decisions were not effective

c. Identify specific issues for collective focus

- Focus on a system-wide issue that we can all contribute to e.g. opiate crisis
- Start small … choose one or two focus points
- Identify the issues … use data-based evidence to prioritize sub-region initiatives
- Look at most efficient ways to use funds
- [Also see Appendix C for additional ideas]

d. Increase inter-agency collective learning and planning

- Employ a collaborative governance model for this group as we move forward and think about how/when we will meet again
- Hold annual symposium of LLG health service providers
- Include the following stakeholders in future discussions:
  - Patients/people/communities
  - School boards
  - Paramedics
  - Politicians (Economic development critical)
  - Police
  - [see also stakeholders listed on previous page and in Appendix C]

e. Implement specific technology-related improvements

- Our area has the potential to have a common electronic medical record (EMR) though which we can jointly serve clients
- Link computer systems/Communication about the individual
- Address Champlain LHIN/ South East LHIN computer data boundary issue

f. Improve how we share information about what services are available

- Make an inventory of what services/capabilities are available for use by service providers and accessible by the public
- Need far better knowledge of each organization so that we can help clients learn and connect
- Learning and sharing information about the services available and people involved

g. Develop/advocate for better mechanisms for system accountability

- Accountability agreements (SAA/HSAA/MSAA) need to include expectations on organization governance to integrate with other providers to put "patient at the centre"
- Accountability by measuring what matters to people/patients/families/clients
- Quality Improvement Plan (QIP) metrics for the sub-region
- Improve measurement
    - Develop accurate ways to measure access (current tool not accurate because it is based on "last visit" which may not be representative of time it normally takes to get an appointment)
    - Breakdown the barriers of funding e.g. develop metrics to show how we serve those outside of Ministry of Health requirements

h. Develop strategies involving Primary Care

- Engage primary care in effective, "small i" integration
- Want LLG-wide system for knowing of people in need of primary care and linking them to a provider

i. Board Member Education on Population Health

- Educate board members re population health focus (rather than population illness)

j. Other Ideas

- Establish a community advocate/assistant to support individuals navigate services
- Raise awareness of transportation issues for appointments and to services
- Utilize/repurpose schools being close for assisted living etc.
- Improve accessibility of services – no boundaries + transportation
- Develop an approach to patient accountability
- Manage expectations regarding services

4. Next Steps and Closing Comments

1. Presentations and Report

The slides of the three presentations have been sent to each meeting participant. This meeting report will also be circulated to all participants.

2. Next Meeting

A date was not set, but the participant feedback indicated that there is strong interest in a follow-up meeting. The planning group will confer and will share a proposal for next steps. Please be in touch with Co-convenor Graeme Bonham-Carter graeme.bc1@gmail.com if you would like to contribute to the planning process.

3. Other Meetings of Interest

Dr. Andrew Everett shared the dates of three upcoming learning and engagement opportunities:

- "Opioid Awareness Day" December 14, 2016 in Brockville (Eventbrite to follow)
- SE LHIN session upcoming in Perth December 5 "Setting the Stage for Sub-Regions", at the Civitan Club, 2-4 pm.
- Ontario Government seeks input on Basic Income Pilot https://news.ontario.ca/mcss/en/2016/11/ontario-seeking-input-on-basic-income-pilot.html
  Dr. Everett encouraged participants to use the above link to comment online or register for the in-person engagement sessions (limited space, first come first serve) in …
  - Kingston on January 9, 2017; and,
  - Ottawa on January 24, 2017.

4. Closing Comments

Dr. Andrew Everett thanked everyone for participating in this first forum. He shared that he is encouraged by the idea of actually doing something together and not being slowed down by boundaries and other obstacles. We are strong in this sub-region and ahead of this curve. This is important as Dr. Everett shared his perception that funding may follow high performing areas.

Dr. Everett recognized the work of the organizers and wished all participants safe travel back to their communities.

Appendix A: Participant List

1. **Athens Family Health Team**
   Dr. Ben Stobo, Judy Fielding
2. **Beth Donovan Hospice**
   Debbie Watt, Sue Walker
3. **Brockville General Hospital**
   Kevin Empke
4. **Champlain Community Care Access Centre**
   Sherryl Smith
5. **Community and Primary Health Care (CPHC)**
   Patti Lennox, Jim Bracken
6. **Community Home Support-Lanark County**
   Mary Anne Nicholson, Suzanne Bourbonnais
7. **Comstock Family Health Organization**
   Enrique Torres
8. **Country Roads Community Health Centre**
   Marty Crapper, Peter Hannah
9. **County of Frontenac**
   Frances Smith
10. **County of Lanark**
    Aubrey Churchill
11. **Kemptville District Hospital**
    Frank Vassallo, Catherine Van Vliet, Robert Morais
12. **Lanark County Mental Health**
    Wayne Johnson, Diana McDonnell
13. **Lanark County Sexual Assault and Domestic Violence Program**
    Mary Pat Bingley
14. **Leeds, Grenville & Lanark District Health Unit**
    Dr. Paula Stewart, Laura Bourns, Claire Farella (and A. Churchill listed under County of Lanark)
15. **Lanark, Leeds and Grenville Addictions and Mental Health (LLGAMH)**
    Laurie Dube, Linda Bisonette
16. **Lanark Renfrew Health & Community Services**
    Nic Maennling, Bill Janes
17. **Open Doors for Lanark Children and Youth**
    Kevin Clouthier
18. **Ottawa Valley Family Health Team**
    Peter Hamer
19. **Perth and Smiths Falls District Hospital**
    Richard Schooley, Wayne Johnson, Donna Howard, Tom Belton, Bruce Rigby, Maureen Towaji, Gardner Church, Bev McFarlane
20. **Prescott Family Health Team**
    Dr. Nikhil Bhatt
21. **Rideau Community Health Services**
    Graeme Bonham-Carter, Peter McKenna, Maureen McIntyre, Terry Lee, Liz Snyder, Janet Cosier, Deb McGuire, Jane Page-Brown
22. **Smiths Falls Nurse Practitioner Led Clinic**
    Ruth Kitson, Lee Ann Brennan, Carole Roberts
23. **South East Local Health Integration Network (SE LHIN)**
    Maribeth Madgett, Andrew Everett, Michael Spinks
24. **Upper Canada Family Health Team**
    Debbie Briggs, Dr. Steve McMurray, Sherri Hudson
25. Other guest: Robert Leitch

Appendix B: Agenda

9 a.m. **1. Welcome and Introductions**

a. Greetings from the Conveners:
   - Sherri Fournier Hudson, Executive Director, Upper Canada Family Health Team
   - Richard Schooley, Past Chair, Board of Directors. Perth and Smiths Falls District Hospital
   - Graeme Bonham-Carter, Board of Directors, Rideau Community Health Services

b. Purpose and Process of the Meeting
   - Christine Peringer, Facilitator

c. Participant Introductions

9:30 a.m. **2. Presentations**

a. The Opportunity of Sub-Regions and Patients First
   - Peter McKenna, Rideau Community Health Services

b. Identifying Unmet Health Care Needs in the LLG Sub-Region
   - Michael Spinks, Chief Knowledge Officer, South East LHIN

c. Population Health 101 in LLG
   - Dr. Paula Stewart, Medical Officer of Health and CEO Leeds, Grenville & Lanark District Health Unit

d. Question and Answer period

10:15 a.m. *Break*

10:30 a.m. **3. Small and large group discussions**

- How can we work more closely together to improve health in LLG?
  - What would it look like? Where do we start?
  - What priorities can we set together?

11:40 a.m. **4. Closing**

a. Next Steps and Meeting Evaluation

b. Closing

Noon *Meeting Adjourned*

At the end of the meeting, participants were asked to complete a feedback form. Here below is a collation of their comments. Forty-eight of the 60 participants provided a response.

1. The purpose of this meeting was to:

- Explore the relevance of *Patients First* for Lanark, Leeds & Grenville
- Consider how LLG organizations could work as an integrated "sub-region"
- Have governance leaders get to know each other to build a base for future collaboration

On a scale of 1 (not at all) to 5 (completely), to what extent do you believe we achieved our purpose?

Categories	1 (not at all)	2	3	3.5	4	4.5	5 (completely)	Average	%
Number of Responses (47 total):		1	8	1	32	1	4	3.8	77%

2. What I really liked about this meeting was ...

a. The vision and concept of the meeting
- First general approach to bringing a lot of stakeholders together
- Chance to think outside the box/chance to exchange ideas with others
- The purpose, the dialogue, the direction: future possibilities for grassroots driven community wellness!
- Starting to construct a network and being visionary
- We did not focus on what we can't do, but were proactive
- The opportunity to discuss equal access for all i.e. those outside the Family health teams

b. Sharing ideas between agencies
- The willingness to engage
- Lowering of organizational boundaries
- Chance to meet other players
- Networking, meeting other providers, comparing notes
- Informal, time for discussion
- Open conversation
- Interactions at the table
- Networking opportunities
- Dialogue across silos
- Collaborative discussion
- Getting to know the different stakeholders and challenges for each
- Speaking with other organizations
- Meetings colleagues from health and hearing concerns
- Information sharing and learning

c. The broad range of participating organizations
- Broad representation from organizations (3)
- Cross-section of participants (2)
- People from different services together
- Medium-sized group
- Having a large network
- Meeting the group
- The existing level of knowledge amongst the participants

d. The information shared by the Speakers
   - Presentations by all three presenters
   - Dr. Stewart's and Michael Spinks' presentations
   - Information was appropriate to my expectations, answered some questions relating to engagement
   - Not too many presentations
   - New information, good data/presentations

e. Action Focus
   - Starting plan of action!
   - Opportunity to meet and discuss potential for integrated future collaboration … start momentum
   - The energy and focus on doing more together "Better Together"
   - Willing to progress
   - Ability to connect, share ideas on how to move forward
   - Arriving at some common starting points
   - It was a start
   - It was a good start

f. The Collegial Vibe
   - It felt friendly and engaging
   - Collegial
   - Good communication, supportive atmosphere
   - Openness of discussions
   - Collaborative

g. Engaging, well organized format
   - Presentations and process used (post-its etc.)
   - Well organized, fast moving, to the point
   - Laying out foundation in the introduction and break out discussions
   - Structure – enjoyed table discussion and exercise
   - Christine did a great job
   - Excellent facilitation
   - Well-organized
   - Table discussion effective. Good presentations but rushed
   - It moved along, engaged most people

3. To improve a future meeting, I would ...

a. Do the same thing

- Repeat it
- Not sure you could do anything better …
- Seemed pretty good to me.

b. Broaden the invitation list

- Need to have more stakeholder representation (x2)
- Widen the conversation to include non-LHIN funded services involved in the determinants of health(e.g. other services, community partners) (x4)
- Specific groups recommended:
    - More youth involved, more people we serve
    - Champlain and South East LHIN reps (x2)
    - Ministry reps (x2)
    - More physicians (x2)
    - Ensure social services are present (i.e. the counties)
    - More representation from municipalities
    - MCSS, Education, Law Enforcement etc.
    - Medical consultants
- Try to get political leadership to hear what we are saying

c. Support sharing of resources from participating agencies

- Have resources available from 3
- More opportunity to network with other participants

d. Lengthen the session/Change time of day:

- Longer time period so more can be accomplished
- More time
- Day-long?
- Difficult time of day for healthcare providers because of time commitment – daytime especially takes away time with patients (decreasing access!)

e. Focus on specific cases

- Give us some case studies to experience
- Hear more scenarios of challenges and successes from a patient/person perspective
- Value stream map a patient/client journey in LLG
- Use problem-based journey mapping exercise to address concrete issues

f. Lengthen/shorten/change the presentations

- Longer presentations/more presentations
    - Longer presentations (20 minutes) – 10 minutes isn't enough to really say anything meaningful
    - Longer/more time for presenters
    - More time for speakers (3)
    - More time on data (and less on welcoming remarks)
- Shorter presentations
    - Keep presentations to 10 minutes or less
- Provide materials ahead of time
    - Provide handouts of stats as the speaker is speaking e.g. Michael's
    - Ensure all content is available ahead of time
    - Circulate pre-reading material so everyone is on the same page and decrease presentation time
- Speakers/topics requested
    - More speakers like Dr. Stewart, Mike Spinks etc.
    - Presentation on the Canadian Index of Wellbeing (CIW)
- More interaction with presenters
    - Consider interactive presentations
    - Q & A at the time (not at the end of all three)

g. Identify actions

- Build on momentum – look at concrete areas of collaboration and integrated planning – build on leadership role
- Next steps?
- Zone in on priorities and move forward
- We need to move into action … we are all meeting at the same venues on the same issues
- Identify a focus and demonstrate how we have improved

h. Focus on specific topics

- Likely need more focused forums of primary care organizations given the key objectives of Patients First
- Smaller groups addressing specific topics
- Take the opportunity for similar sectors to sit and assess strengths/challenges
- e.g. mental health; seniors

4. Would you/your organization like to be involved in a future meeting related to becoming a more integrated system?

Yes: 47 No: 0 No Answer: 1

5. Any other comments?

(When final comments were responses to the above questions, they are presented in the responses above)

- Well done!
- Great opportunity – excellent focus and purpose
- A good step in moving forward
- Keep the conversation going
- One of the post-it comments was "no new level of bureaucracy" but who coordinates and supports the sub-LHIN in a dedicated way?
- Thank you (2)