Hamilton Niagara Haldimand Brant **LHIN**

Patient's First Sub Region Update and Health Link Outcomes

Hamilton Niagara Haldimand Brant (HNHB)
Local Health Integration Network (LHIN)

Presentation to:
Hamilton Integrated Seniors System Table
Tuesday April 25, 2017

Ontario
Local Health Integration Network

The Patients First Journey

First Mandate Letter

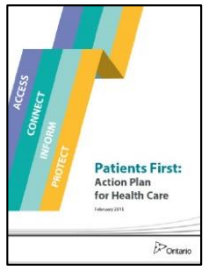
September 2014

Bringing Care Home

January 2015

Patients First: Action Plan for Health Care

February 2015



Patients First: Roadmap to Strengthen Home and Community Care

May 2015

Province-wide consultation

January – April 2016

Patients First: Discussion Paper

December 2015

Auditor General Report on CCACs (Phase 2)

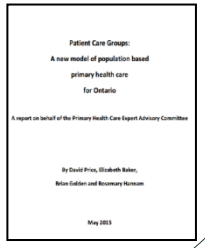
December 2015

Auditor General Report on CCACs (Phase 1)

August 2015

Price-Baker Report

May 2015



Patients First: Reporting Back on the Proposal to Strengthen Patient-Centred Health Care in Ontario

June 2016

***Patients First Act, 2016* Introduction (Bill 210)**

June 2016

Mandate Letters Released

September 2016

***Patients First Act, 2016* Reintroduction (Bill 41)**

October 2016

***Patients First Act, 2016* Passage**

December 2016

What We Are Trying to Achieve

Expanded Role of LHINs for More Effective Service Integration, Greater Equity

- Care delivered based on community needs
- Appropriate care options enhanced within communities
- Easier access to a range of care services
- Better connections between care providers in offices, clinics, home and hospital

Timely Access to Primary Care, and Seamless Links Between Primary Care and Other Services

- All patients who want a primary care provider have one
- More same-day, next-day, after-hours and weekend care
- Lower rates of hospital readmissions; lower emergency department use
- Higher patient satisfaction

More Consistent and Accessible Home and Community Care

- Easier transitions from acute, primary and home and community care and long-term care
- Clear standards for home and community care
- Greater consistency and transparency around the province
- Better patient and caregiver experience

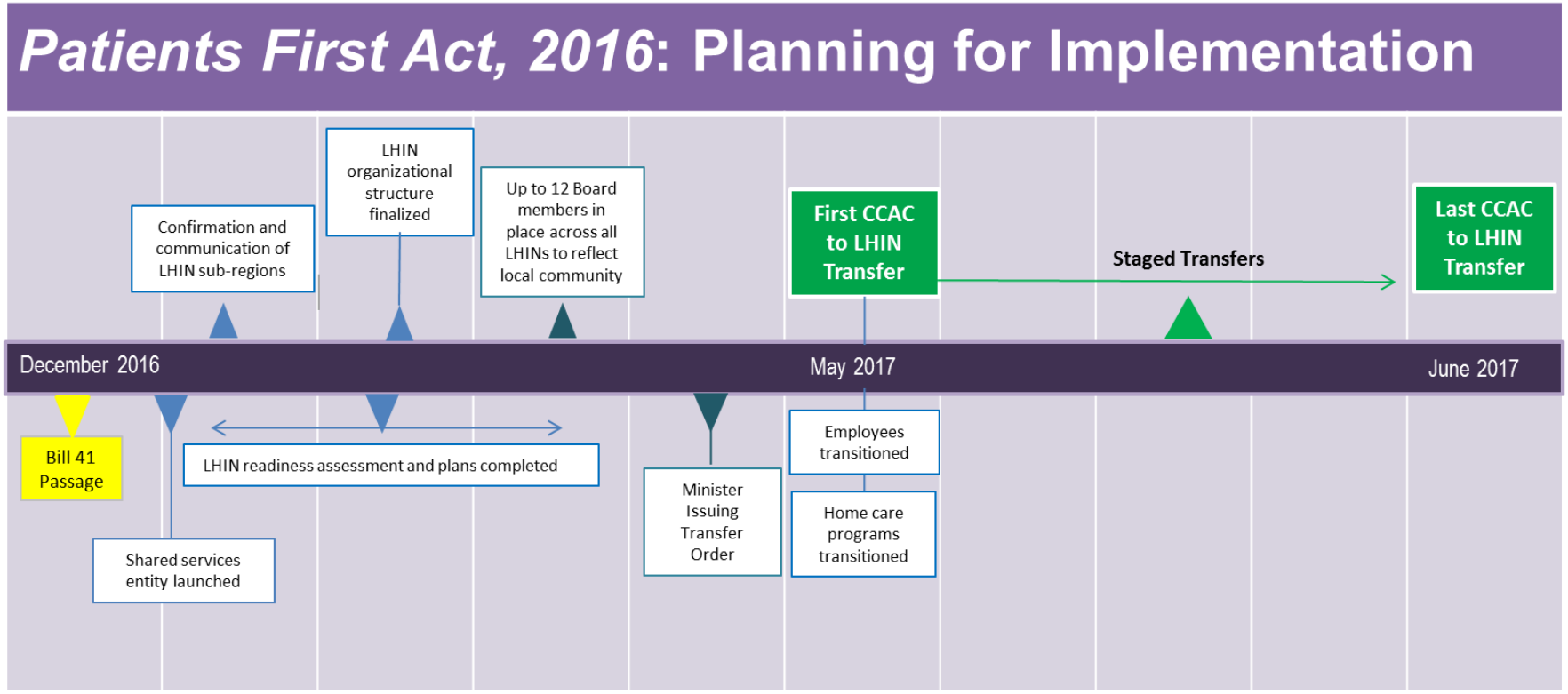
Stronger Links Between Population & Public Health and other Health Services

- Health service delivery better reflects population needs
- Public health and health service delivery better integrated
- Social determinants of health and health equity incorporated into care planning
- Stronger linkages between disease prevention, health promotion and care

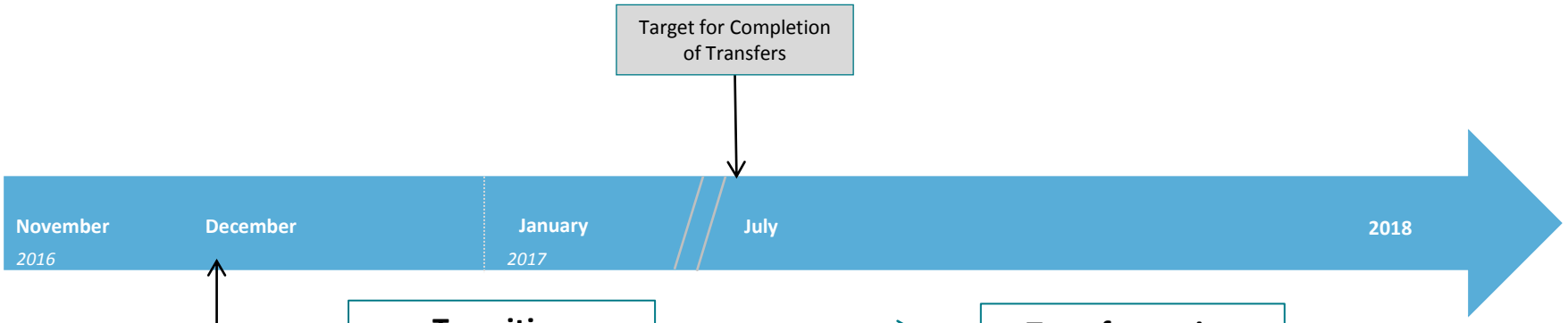
Services that Address Needs of Indigenous People Across Ontario

- Strong Indigenous voices in system planning and service delivery
- Better health outcomes for Indigenous peoples
- Social determinants of health unique to Indigenous populations is incorporated into care planning
- Culturally competent care delivery, incorporating traditional approaches to healing and wellness

Implementation Milestones: December 2016 - Summer 2017



Through Transition Towards Transformation



Legislation (Bill 41) passed 3rd reading and received Royal Assent.

Transition

- LHIN Governance expanded
- Combined management
- CCAC staff transitioned into LHINs
- Positive common patient-focused culture
- Clinical Leadership in place
- Corporate Services Entity established
- Sub-regions defined and used for planning health care services
- No front-line positions will be impacted, management/administration costs will decrease by 8%, with no impact on front-line care

Transformation

- Sub-regional coordination of home care
- Home and Community Care Roadmap progresses including Levels of Care
- Sub-regional primary care reform including increased access and access to specialists
- Improved transitions between hospital and home, including reduced hospital readmissions
- Public reporting of improvement, including patient experience and equity
- LHIN- and sub-regional-specific priorities

Summary: Sub-Region 'Wills' and 'Won'ts'

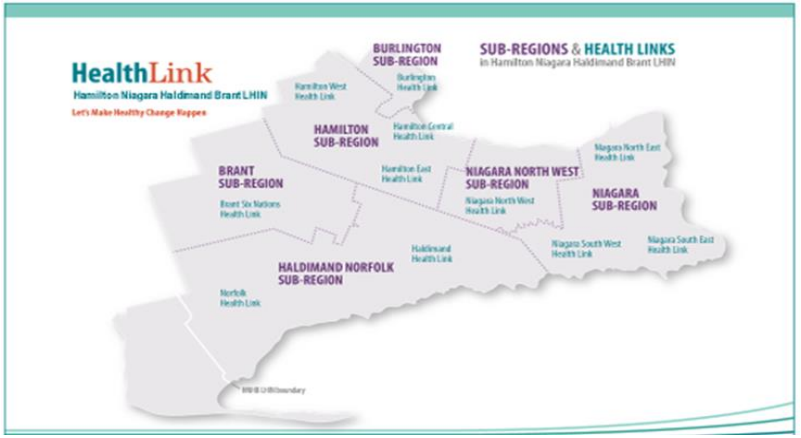
LHIN Sub-Regions Will…	LHIN Sub-Regions Won't…
✓ Enable a more focused and granular approach to assessing population health need and service capacity.	x Result in barriers to access; patient care is a priority
✓ Help to better identify variation across the province in health disparities, health system performance and the ability of service to meet the needs of the population.	x Result in more bureaucracy; sub-regions are to enable better planning and performance improvement, not the creation of new organizations or administration.
✓ Assist in identifying local factors that inhibit health system improvement.	x Come into conflict with ministry or LHIN obligations to engage with provincial or regional partners. These will continue.
✓ Enable more focused community and provider engagement in a manner more aligned with local circumstance.	x Be exclusionary. Flexibility will be applied for communities or agencies whose people or jurisdictions extend beyond a sub-region geography.
✓ Provide an organizational structure to enable clinical leadership, as well as provider and public engagement in health system planning and improvement.	x Infringe on traditions or established jurisdictions in the planning, delivery or improvement of health services.

Health Links Overview

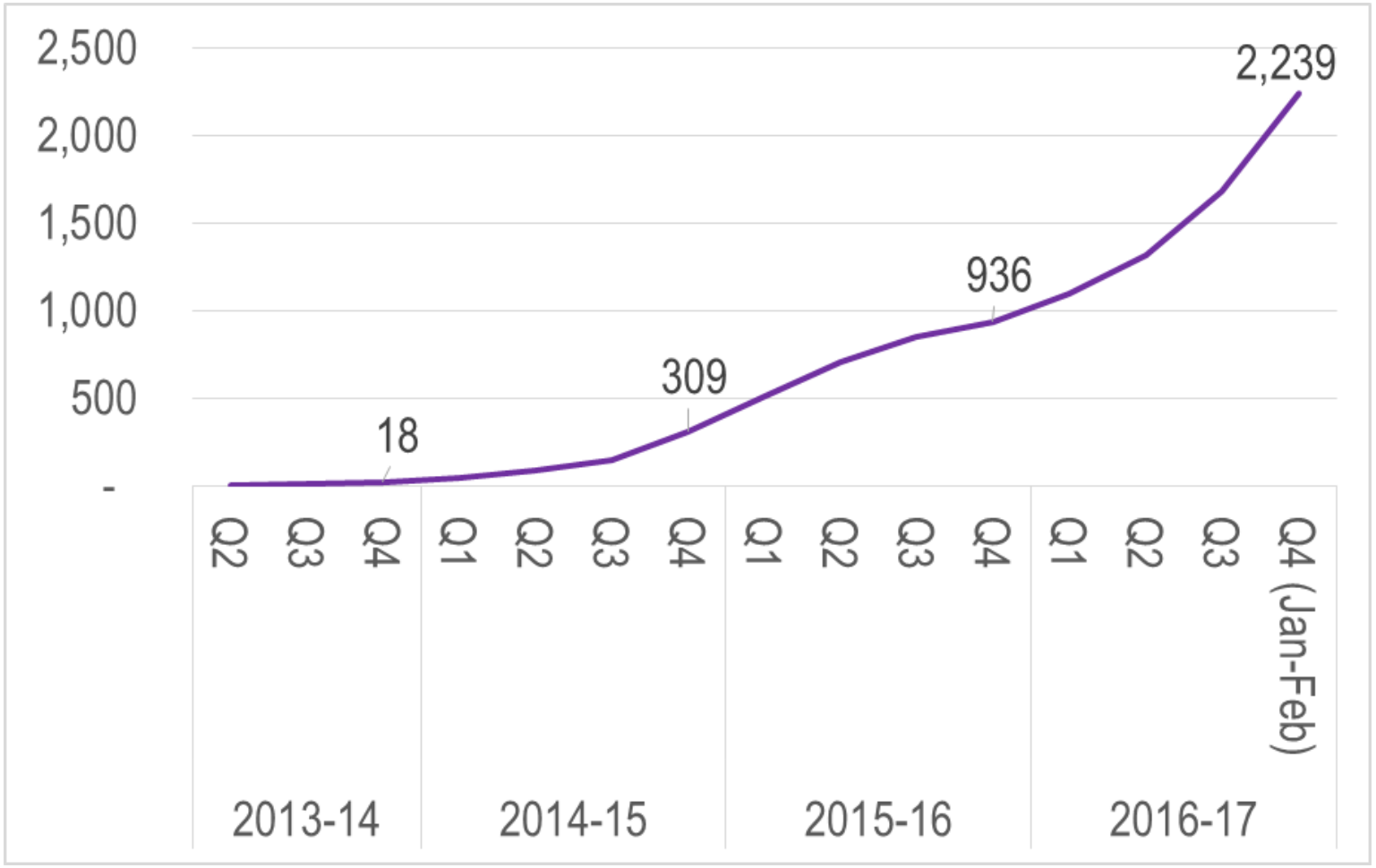
- Health Links were introduced as a key commitment in the Ministry of Health and Long-Term Care's (ministry) 2012 Action Plan for Health Care to transform the system through increasing access to integrated, quality services to Ontario's patient population living with complex chronic conditions.
- The ministry continues to support the important work of Health Links for improving the coordination of care for patients living with complex chronic conditions and enhancing patient experience:
    - The care coordination, service delivery and integration activities that are central to the Health Links model are foundational to the Patents First strategy.
- People in the 5% cohort are:
    - Large consumers of acute care, and are responsible for ~65% of health care use; many of these consumers also utilize or are in need of social services.
    - Currently not being well-served through the existing model of care.

Health Links Overview continued

- Health Links:
  - Provided the basis for the sub-region geographic area analysis
  - Many of the Health Links' model of care attributes and process when expanded across a sub-region will support the needs of our population as a whole.
  - Will be a building block for further integrating services at the community level, providing a focus for coordinated care planning and effective delivery of services for people living with complex health conditions.
  - Leveraging successes to date in organizing services, monitoring performance and identifying ways to improve care that are tailored to the needs of the population.



HNHB LHIN Health Links
Cumulative Number of Care Plans Completed



Outcomes for 556 Patients, 12 Months After Care Plan

Indicator	Number			Median		Statistical Significance (p-value <0.05)
	12 Months Before Care Plan	12 Months After Care Plan	% change	12 Months Before Care Plan	12 Months After Care Plan	
Emergency Department Visits	5,407	3,988	-26%	6	3	yes
Hospital Admissions (Acute Care Hospital)	1,391	840	-40%	2	1	yes
Days in Hospital (Acute Care Hospital)	11,481	7,822	-32%	11	2	yes
Hospitalizations for ACSC (Ambulatory Care Sensitive Conditions)	228	139	-39%	-	-	yes
ED Visits Best Managed Elsewhere	32	19	-41%	-	-	n/a
30 Day Readmissions	493	274	-44%	-	-	yes

Statistically significant results observed 12 months following Care Plan*

*Statistically significant difference based on p<0.05 in Signed Rank Test

Hamilton Niagara Haldimand Brant
Local Health Integration Network
264 Main Street East
Grimsby, ON L3M 1P8
(905) 945-4930
(866) 363-5446

www.hnhblhin.on.ca

"Leadership is the art of mobilizing others
to want to struggle for shared aspiration"

-Jim Kouzes