

CONSUMER HIGHLIGHTS

December 2009/January 2010

Delivering High-Value Local Health Care To the People Who Need it Most

The health care system is complex – it can feel disorganized and confusing. And individuals and communities have different health care needs.

For example, a young urban Aboriginal man living in downtown Toronto has different health care concerns than those of an 80-year-old woman living alone in Timmins.

Recognizing these challenges, in 2006, the Ontario government created 14 Local Health Integration Networks (LHINs) throughout the province to plan, fund and coordinate health care services in a way that responds to the unique needs of local communities. Each LHIN covers a different geographic area. The Toronto Central LHIN covers most of the City of Toronto, including the downtown core.

Every three years each LHIN updates its plan for local health services. In November 2009, the LHIN completed its second “Integrated Health Services Plan” or “IHSP-2” for 2010 to 2013. Over 2,000 individuals including organizations, workers and consumers provided direct input into the plan. It reflects a wealth of expert advice as well as the experiences and ideas of community members about how to improve local health care services.

Toronto Central LHIN at a Glance

- This LHIN has the highest concentration of health services in Canada, with 177 agencies and more than 42,000 health care workers
- Compared to the rest of the province, the Toronto Central LHIN has a higher proportion of young adults aged 25 to 44 and the highest proportion of older seniors
- 15 % of all recent immigrants to Ontario reside in the Toronto Central LHIN
- More than 160 languages are spoken here
- Aboriginal people make up 2 % of the LHIN's population
- Over 30 % of Ontario's homeless population lives here
- 24 % of Toronto Central LHIN residents earn low incomes
- 34 % of adults in Toronto Central LHIN have a university degree, compared to 19 % for the province

Toronto's renowned diversity makes for a vibrant city, it also leads to disparities in people's access to health care.

Individuals who are poor, have language barriers and are newcomers to Canada do not receive the same access to health care as the general population. The IHSP-2 is designed to reduce inequities and make sure those in greatest need receive the care they require – especially those with the most complex health care problems, new immigrants, people living in poverty, frail older adults and people with mental health and addictions issues.

The purpose of this Plan is to increase the value of health care services for all those who receive care in the Toronto Central LHIN. The IHSP-2 is about making the most of the money spent on health care and making sure that everyone can count on services being there when they need them.

Toronto Central LHIN Today

As Ontario's only completely urban LHIN, the Toronto Central LHIN is home to 1.17 million people and the highest concentration of health care organizations and professionals.

Five Local Health Care Priorities

While there are many important health care concerns, the Toronto Central LHIN is focusing on a few areas which have a great impact on our city. These priorities involve every aspect of health care from prevention to palliative care and touch everyone in some way.

1. Emergency room wait time
2. Alternate Level of Care (ALC)
3. Diabetes
4. Mental Health and Addictions
5. Value and Affordability.



Priorities 1 & 2: Reduce emergency room wait times and alternate level of care days

Why these priorities?

Each day, hundreds of people wait longer in ERs than recommended. One problem is that many hospital inpatient beds are occupied by patients waiting to be transferred to an alternative level of care that better meets their needs such as home care, supportive housing and long-term care. By supporting patients to transition from hospital to the next level of care and by unlogging ERs, we will improve people's experience and health outcomes and make the health care system work better for everyone.

What will be different?

- People will benefit from:
- Shorter ER Wait Times
 - More community-based programs and services
 - More support and information as they transition from one service and health professional to another.



Priority 3: Improve the prevention, management and treatment of diabetes

Why this priority?

The Toronto Central LHIN has a high rate of diabetes, with 9.8 per cent of residents 20 years and older living with the disease. Diabetes contributes to 32 per cent of strokes, 30 per cent of heart attacks and 70 per cent of amputations. By improving diabetes prevention and management, we will help people to live healthier, especially those at highest risk (visible minorities, Aboriginals, low-income groups), reducing the need for costly treatments down the road.

What will be different?

- People will have:
- Fewer serious and life-threatening complications from diabetes
 - Better information about the risks of diabetes, health choices and where they find the services they need
 - Greater access to family physicians, nurse practitioners and dieticians
 - And those with the highest needs will have better access to culturally appropriate services, in their own language.



Priority 4: Improve the prevention, management and treatment of mental illness and addiction

Why this priority?

An estimated one in five adults will experience mental illness in their lifetime. Seniors, Aboriginals, people living in poverty or who are homeless all have higher rates of mental illness and addictions than the rest of the population.

What will be different?

- More people with mental health and/or addictions issues will have quicker and more equitable access to the right mix of services to meet their needs.
- More clients will move from the streets or institutions into supportive housing.
- More clients will actively participate in their care through the assistance of a consumer-led common assessment tool.



Priority 5: Improve the value and affordability of health care services

Why this priority?

In these difficult economic times, it is even more critical to ensure every health care dollar produces value for consumers and communities. People expect high quality services but they also know that health care dollars are not limitless and that services need to be affordable.

What will be different?

- The same or more services will be provided in a more affordable way.
- Organizations will collaborate more and share services, including shifting where and how services are available.

Working Together and Delivering Change

If we get the IHSP-2 right, every person in Toronto Central LHIN, regardless of race, income, age, education, sexual orientation and language, will have timely access to the health care options they require. And those with the most serious and complex conditions will receive the extra support they need.

Find out more about the Toronto Central LHIN, local health care services, and the local 2010-2013 Integrated Health Services Plan by going to www.torontocentrallhin.on.ca.

Did you know?

In a survey of over 100 recent users of health care services and caregivers, 83 % of people reported they believe it is very important to focus on increasing the value and affordability of health care services?

Changing lives with supportive housing

Changing lives isn't part of the job description for the case coordinators and service providers at Silver Circle, a supportive housing program for at-risk seniors run by West Toronto Support Services. But that's exactly what Silver Circle workers have been doing since the program began in September 2008 with funding from the Toronto Central LHIN.

By providing a wide range of home and community support services including care planning, housekeeping, medication reminders, and social programming, Silver Circle helps isolated seniors with complex health and social needs live more healthily and independently in their own homes and communities.

One client, for example, was a hoarder who had been living in isolation in an apartment so cluttered and dirty, "you could not even see the floor," recalls Rosie Vujcic, a Silver Circle case coordinator. "You couldn't use the bathroom, the kitchen – everything was covered from floor to ceiling."



Vujcic arranged to get the apartment cleaned and organized, and connected the client – who had diabetes and unmonitored high blood pressure – with the appropriate health services. Today, the client is supported by a team of personal care workers, nurses and a family doctor. She regularly attends bingo and exercise classes and has full use of her apartment.

Silver Circle isn't just changing individual lives; like the other supportive housing programs funded by Toronto Central LHIN, it is also helping to change the health system.

By helping their clients get access to the health care and community support services they need, supportive housing programs are reducing the number of visits to hospital emergency departments in Toronto Central LHIN.

They are also helping to reduce the number of people who are stuck in a hospital bed waiting to be transferred to a care setting that better meets their needs such as home care, rehabilitation services, long-term care or supportive housing.