

Executive Summary

Delivering High-Value Local Health Care Through Collaborative Action

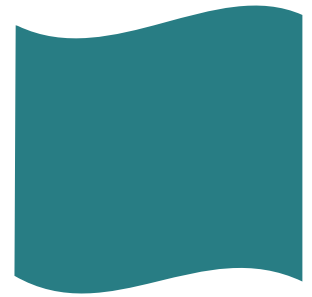
The Toronto Central Local Health Integration Network's 2010-2013 Integrated Health Service Plan

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Toronto Central LHIN 2010–2013 Integrated Health Service Plan

A bold plan for building healthier communities and a stronger health system



Building on the first Plan launched in 2006, the Toronto Central LHIN 2010 - 2013 Integrated Health Service Plan – or IHSP-2 – presents a bold and focused strategy for improving local health care services and for advancing the Ontario government’s goal of having a consistent, well-coordinated provincial health care system.

By acting on this Plan, the Toronto Central LHIN moves closer to its long-term vision, crystallized in the following statement:

A health care system that helps people stay healthy, delivers good care when people need it, and will be there for our children and grandchildren.

A Plan built on five priorities

The new Plan is organized around five areas of priority, namely emergency room wait times, alternate level of care, diabetes, mental health and addictions, and value and affordability. These priorities address critical local health issues while reflecting the province’s plan for health care. They are also catalysts for broader system change, with most priority actions designed to make the system work more effectively for people with the most critical and complex health care needs who require the vast majority of the LHIN’s health care resources.

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

<p>Why these priorities?</p>	<p>Each day, hundreds of people who visit the Toronto Central LHIN hospitals’ emergency departments end up waiting longer than recommended before they are discharged or admitted. Long emergency room (ER) wait times are a symptom of problems in the health system. One problem in particular is that many hospital inpatient beds are occupied by “alternate level of care” (ALC) patients waiting to be transferred to a more appropriate setting such as long-term care or home care.</p> <p>By making changes to reduce ER wait times and ALC days, the Toronto Central LHIN will address many other problems in the local health system.</p>
<p>What needs to be done in the next three years?</p>	<ul style="list-style-type: none"> • Standardize referral and intake processes to improve the flow of patients to and within community programs. • Enhance community-based programs and services to support patients at home. • Improve hospital processes to increase capacity in the emergency department.
<p>What will be achieved by acting on these initiatives?</p>	<ul style="list-style-type: none"> • By the end of three years, most people will be treated in the ER or admitted from the ER within the province’s wait time targets. • More people will receive timely access to an enhanced range of services that meet their individual needs, particularly those with the highest needs: the frail elderly, people with mental illness and/or addictions and people with complex chronic conditions.

Priority 3: Improve the prevention, management and treatment of diabetes	
Why this priority?	<p>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. People with diabetes tend to have poorer overall health than the general population and often develop other conditions.</p> <p>By acting on this priority, the LHIN will reduce the demand on the local health system, develop a powerful testing ground for chronic disease management and integrated health care, and demonstrate the potential of e-health through technology-based screening and management tools. The LHIN will also enhance health equity since diabetes disproportionately affects visible minorities, low-income groups and marginalized populations.</p>
What needs to be done in the next three years?	<ul style="list-style-type: none"> • Expand outreach and screening programs, starting with high-needs neighbourhoods. • Increase access to primary care teams, starting with high-needs neighbourhoods and high-risk groups. • Improve the quality, consistency and comprehensiveness of diabetes services in the primary care or physician clinic setting.
What will be achieved by acting on these initiatives?	<ul style="list-style-type: none"> • Fewer people will develop serious and life-threatening complications including cardiovascular disease, kidney failure and nerve damage. • People will be better informed about the risks of diabetes, healthy choices and where they can access the services they need. • People 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?	<p>It is estimated that one in five adults will experience mental illness in their lifetime. Many people with a mental illness diagnosis also have other chronic or frequent acute conditions. People with mental illness and/or addiction tend to be frequent users of hospital emergency departments, resulting from an inability to access timely and appropriate support in the community.</p> <p>Some of the most marginalized people in the Toronto Central LHIN are living with mental illness and/or addiction. Addressing this priority will allow the LHIN to improve health equity, organize community capacity, and set evidence-informed standards. By addressing this priority, the LHIN will also influence an ongoing shift in attitudes in order to reduce stigma and discrimination.</p>
What needs to be done in the next three years?	<ul style="list-style-type: none"> • Develop and implement initiatives to target the needs of the most complex and vulnerable communities in the Toronto Central LHIN. • Implement standardized assessment process in Community Mental Health programs. • Develop and implement standardized intake and referral process in Mental Health and Addictions programs. • Enhance data collection and utilization in mental health and addictions programs and services to support evidence-informed decision making.
What will be achieved by acting on these initiatives?	<ul style="list-style-type: none"> • 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?	The economic downturn has sharpened attention on how to get the best value out of limited health care dollars. The reality in the world of publicly funded health care is that resources will always be constrained. The Value and Affordability agenda challenges everyone in the LHIN to shift their thinking and recognize that providing the best care to those who need it and delivering value to the public in general can be achieved simultaneously by working more effectively as an integrated system.
What needs to be done in the next three years?	<ul style="list-style-type: none"> • Integrate Value and Affordability collaboration in the annual cycles of all health service providers. • Increase the proportion of supplies purchased through joint buying groups. • Improve data quality relating to value and affordability.
What will be achieved by acting on these initiatives?	<ul style="list-style-type: none"> • Maintain or increase the volume of services provided within the LHIN in spite of constrained resources. • Increase the proportion of back office (HR, finance, materials management, other administrative functions, etc.) activity that is being delivered through shared services. • See an increased number of voluntary integrations resulting from provider-identified opportunities to increase value by shifting where or how services are delivered.

Developing the IHSP-2

Developing the 2010 - 2013 Integrated Health Service Plan involved a clear and analytical process where the Toronto Central LHIN examined the latest evidence and data and tapped into the insights and experiences of health service providers, health professionals, and a diversity of consumers and community members. More than 2,000 individuals participated in the engagement sessions and provided input into the IHSP-2. The LHIN also adopted a “balanced scorecard” approach to designing, communicating, implementing and monitoring execution of the Plan. Already used by many health service providers, the balanced scorecard is a powerful tool for articulating long-term health system goals, defining priorities for action, and measuring results.

The creation of this Plan began with four key assumptions:

- **The Toronto Central LHIN has a clear vision and a strong foundation**, including excellent programs and renowned centres of excellence, leading-edge research and teaching, and a wealth of talent, experience and commitment.
- **There are urgent challenges that need to be addressed now**, with chronic disease accounting for the large majority of the LHIN’s health care spending, persistent inequities in access to care, and increasing pressures on health care funding in the LHIN.

- **A system-level solution is needed** to strengthen services across the health care continuum for everyone, particularly individuals with the most complex and chronic needs. This will require all health care providers and professionals to be fully committed to working together and sharing information to achieve better health outcomes.
- **Focus is needed to achieve results.** The most effective way to transform a large and complex health system is by concentrating efforts on a select number of priorities that will have a broader impact on the system and lead to other positive changes.

Taking into account the LHIN’s unique characteristics

The IHSP-2 also takes into account the Toronto Central LHIN’s unique characteristics as Ontario’s only completely urban and most densely populated LHIN, and as a region of diversity and extremes. The Toronto Central LHIN has a rich mix of providers and community services that address the needs of local communities made up of people from various ethnocultural, racial and socio-economic backgrounds. While this diversity makes for a vibrant city, it also leads to considerable disparities in access and health outcomes.

The Toronto Central LHIN has the highest concentration of health services in Canada – with 177 distinct agencies and more than

42,000 health care workers – and a wealth of health education and research that have local, provincial, national and global impact. The unique concentration of specialized resources and the significant daily flows of people in and out of Toronto have resulted in a large proportion of local services – 52 per cent in the case of hospitals – being provided to people who live outside the boundaries of the Toronto Central LHIN.

Key enablers that drive the IHSP-2

The IHSP-2 priorities are enabled by a number of factors. Two of these are particularly critical to transforming the health care system:

- **Health equity:** In the Toronto Central LHIN, the range and diversity of incomes, languages, education and other cultural and socio-economic factors have led to disparities in access to services and in health outcomes. The priorities in this Plan include actions intended to ensure everyone in the LHIN has the same access to health services that reflect individual needs and circumstances. Further, the Toronto Central LHIN will undertake several cross-cutting actions to address health inequities across populations and sectors.
- **E-health:** While e-health tools and initiatives have significantly improved health care in the province, Ontario is not as advanced as other jurisdictions and sectors in the use of information technology to improve service delivery and the patient experience. As such, e-health is an essential component in the LHIN's priorities for the next three years as well as an overall imperative for transforming health care in the Toronto Central LHIN.

Measuring the success of the IHSP-2

Ultimately, the success of IHSP-2 implementation will be measured in the experiences of individuals and families using the system. For people who work and volunteer within health care organizations, success will be manifested in increased levels of job satisfaction and better access to the information they need to make sound decisions in their work. The growing willingness and ability of organizations to work

together to deliver more effective services will also be an indication of the Plan's success.

The Toronto Central LHIN will work with health service providers and its communities to continually strengthen the reliability and currency of its performance measures and to evaluate, whenever possible, performance based on outcomes. An Annual Business Plan will further define the specific initiatives, risks and outcomes in the LHIN each year. It will allow the LHIN to assess the direction of the local health care system, and update actions in response to performance, changes in policy and new insights and evidence. Quarterly reports and a yearly report card will be used to monitor and report to the public on progress against the milestones and targets in the Annual Business Plan.

Driving results through engagement, clear standards and enhanced accountability and reporting

Over the next three years, the Toronto Central LHIN will continue to fine-tune the engagement approaches and structures that will advance IHSP-2 priorities and overall system change. It will use accountability agreements to support the priorities in this Plan, setting clear performance standards and targets and working with providers to ensure adherence to these agreements. The LHIN will also judiciously use the LHIN legislation to drive integration as needed in support of this Plan.

Finally, the Toronto Central LHIN will increase efforts to ensure meaningful health information is available for planning and performance management. The balanced scorecard will serve as an invaluable tool for system-level performance measurement and management.

Working together for transformation

With a clear and focused plan of action for the next three years, the Toronto Central LHIN's health service providers, health care workers and communities must now work together to achieve the shared priorities in the IHSP-2. The success of the 2010 - 2013 Integrated Health Service Plan depends on individuals and organizations working together to create a better health care system for all.