



What's Inside

TDHC NEWS

**DHCs SIGN
MEMORANDUM OF
UNDERSTANDING**
PAGE 2

**INTRODUCING OUR
MEMBERSHIP
VOLUNTEERS NEEDED**
PAGE 3

**MENTAL HEALTH
TASK FORCE**
PAGE 3

**DUAL DIAGNOSIS
IMPLEMENTATION PLAN**
PAGE 3

IN BRIEF
PAGE 4

For further information on topics covered in **Health Planner**, the Toronto District Health Council is located at:

4141 Yonge Street, Suite 200
Willowdale, Ontario
M2P 2A8

Telephone: (416) 222-6522
Fax: (416) 222-5587

e-mail:

tdhc@tdhc.org

Website:

<http://www.tdhc.org>

Content may be reproduced without permission by using the following credit line:
"Reprinted from **Health Planner**, official publication of the Toronto District Health Council."

Chair:

Ilsa Blidner

Executive Director:

Scott Dudgeon

Editor:

Deborah Bourk

Health Planner is printed on recycled paper.



Strengthening Primary Medical Care in Toronto

The City of Toronto and its population are unique in Ontario. Toronto's diverse urban population represents complex primary care needs. A new report from the Toronto District Health Council (TDHC) presents findings on the current state of primary medical care in Toronto; a vision for primary care in Toronto in the future; and, recommendations for solutions and strategies that can be worked on now to improve access to primary care medical services.

What is primary care?

Essentially, primary care is "...the first level of contact of individuals, and family and community, with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing care process.", says the World Health Organization, 1978.

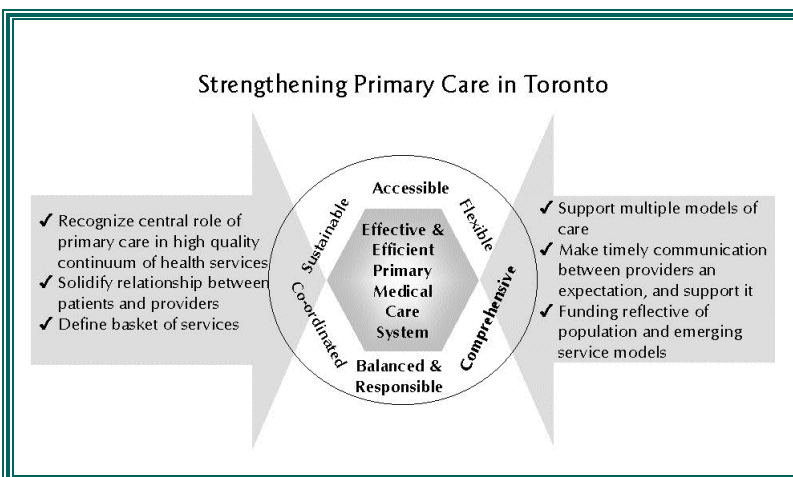
While the report, *Primary Medical Care in Toronto: Strengthening the Foundation, Building the System*, focuses on the important range of primary medical care services that family physicians provide, the TDHC recognizes that options for future models for primary care delivery in Toronto should include the participation of a range of health professionals.

The report is being released at a time when the Ontario government and many local stakeholders are interested in addressing the challenges related to the delivery of primary care services across the city, and strengthening this key element in the care continuum. Recent government efforts on primary care reform include joint Ministry of Health and Long-Term Care (MOHLTC) and Ontario Medical Association pilot projects across the province. This report looks at the particular aspects of Toronto, and emphasizes the need for the development of reform models appropriate for Toronto,

as well as continuing to build on what is already working here. And in planning changes to primary care, there is also an opportunity to improve the integration of primary care with other parts of the health continuum, such as the hospital and long-term-care sectors.

What we did

In the fall of 1998, the TDHC began



looking at primary care access. The components of primary health care in Toronto; the strengths and challenges of those service elements; and, the potential for having better linkages between primary care services and other parts of the health delivery continuum in Toronto were identified. The Primary Care Steering Committee found three key gaps:

- the lack of communication or consistent linkages between the family physicians who provide primary care and other providers of health care;
- the lack of clear accountability across the primary care sector; and,
- the lack of information about the delivery of primary medical care, especially regarding physician services across the city.

In response to these findings, the TDHC decided to:

- further the understanding of the nature and capacity of primary medical care in Toronto; and,
- begin articulating a vision for

enhanced primary care in Toronto in the future.

Our recommendations focus on:

- building on the strengths of the existing practitioner/patient relationship;
- fostering the development of different models of care to meet the needs of the diverse population in Toronto; and,
- defining and supporting a consistent range of primary medical care services for Toronto.

The report sets out the following findings:

Population needs

Toronto is not a single homogeneous area. It consists of six former cities/boroughs (Scarborough, Etobicoke,

North York, Toronto, York, East York)—each with many different neighbourhoods. Its diverse urban population represents complex primary care needs, for example, a large number of people with HIV/AIDS, with tuberculosis, low birth weight babies, refugees and immigrants, and people with low income and poor living conditions. This broad range of need requires specific skill sets for general practitioners and family physicians.

In addition, a significant proportion of primary care in Toronto is delivered to people who do not live in Toronto. There is a net in-flow of 13.7% of patients—more than an additional 1.5 million patient visits annually—who are not residents of Toronto but who receive some primary care in the City.

Currently, there is not a consistent approach to comprehensive service delivery by primary care practitioners in Toronto as patients and practitioners struggle with issues of timely access, provider communication, care co-ordination and lack of information about community supports.

The relationship between physician supply, distribution, and capacity

The TDHC conducted a number of different data analyses to understand the physician supply issue. While Toronto as a whole appears to have an adequate supply of family physicians, further analysis reveals some issues of concern. First, about one in six family physicians in Toronto (and Ontario) is

Continued on Pg. 2



Toronto District Health Council



DHCs Sign Memorandum

Front row, l to r: Ilsa Blidner, Chair, Toronto DHC; Bryan Bowers, Chair, Southeastern DHC; the Honourable Elizabeth Witmer, Minister of Health and Long-Term Care; Rene Larson, Chair, Northwestern Ontario DHC; Kevin Smith, Chair, Hamilton-Wentworth DHC

Back row, l to r: Daniel Burns, Deputy Minister; Lorna Miller, Chair, Waterloo Region - Wellington-Dufferin DHC; Beth Sweetnam, Chair, Champlain DHC; Jeanne Hay, Chair, Halton-Peel DHC; Dave Eke, Chair, Niagara DHC; Robert Madronich, Chair, Simcoe-York DHC; Luke Hewitt, Chair, Grand River DHC; Bob Caesar, Chair, Grey Bruce Huron Perth DHC; Andrew Stewart, Chair, Thames Valley DHC; Katherine Eckler, Chair, Northern Shores DHC

On May 11, 2000, Health and Long-Term Care Minister Elizabeth Witmer formalized her relationship with the District Health Councils with the signing of a memorandum of understanding. District Health Councils will continue to provide the Minister with advice as the local voice in health planning.

Strengthening Primary Medical Care in Toronto

Continued from Pg. 1

not providing a full range of primary care services; rather they are practising in more specialized ways, such as sports medicine, and psychotherapy. Secondly, there is an uneven distribution of family physicians across the City. For instance, parts of Scarborough and Etobicoke have a lower than average supply of physicians. This uneven distribution of physicians may be an issue for vulnerable populations who have limited mobility and are not able to travel to access primary care services.

The above does not necessarily mean that Toronto needs more family physicians. Rather, it may mean we need a more balanced distribution of physicians across the city and the use of a variety of delivery models with a mix of health professionals.

Costs of primary care in Toronto

Toronto per patient primary care costs are consistent with those in other Ontario cities with academic health science centres and very similar to the provincial average. However, cost figures based upon utilization must be used with caution in any long-term-planning efforts. An initial important caveat is that per patient average costs are not meaningful when looking at some of the complex population groups in Toronto and their broad range of needs. Also, various demographics like the aging of the population and other service system trends such as increasing costs associated with new technologies and treatments will be more important or influential for projecting future costs than looking at what is currently being spent.

Recommendations

The Toronto District Health Council believes that it is possible to immediately implement some solutions to the problems affecting primary care in Toronto and create a more effective primary care system. We envision a system that will be accessible, balanced and responsible, coordinated, flexible, comprehensive and sustainable. Achieving this system will require that we build upon the strength of the existing relationship between patients and their providers, carefully identify the essential basket of primary care services to be provided, and allow multiple models of care appropriate to the population needs to

flourish. We must also ensure that the provision of timely and appropriate communication is required, and supported, across the health care continuum.

The TDHC believes that, in the short term, it is possible to implement some solutions to the problems affecting primary care in Toronto and create a more effective primary care service base in Toronto. Stakeholders in Toronto have begun to take action to strengthen the primary care system and the health continuum as a whole. We recommend that the government support these activities and related initiatives with appropriate funding, legislation, and policy.

Developing models that work

- Initiate Ministry supported dialogue on the nature of primary care reform which could be supported for application in Toronto.
- Identify current opportunities to broaden hours of service in Toronto primary care settings.
- Develop an urban health framework for Toronto.

Expanding modes of service delivery

- Maximize health human resources.
- Initiate inter-professional planning efforts to identify best practices for multi-disciplinary models of primary care delivery in Toronto.
- Clarify health professional roles in primary care delivery.

Consolidating the primary care community service base

- Initiate a project to improve understanding and monitoring of capacity of Toronto community health services.
- Continue to monitor Toronto family physician supply/distribution issues.
- Identify opportunities for community health service clusters.

Encouraging communication

- Improve physician-Community Care Access Centre communication.
- Improve physician-hospital communication.
- Improve primary care sector collaboration.

- Improve access to community services information.

Working together

- Key stakeholders from across the health continuum in Toronto will continue to work to improve the primary care health system in Toronto—both for those who provide the services and for those who access the services.
- Consumers should continue to be proactive in saying what services are most important and how those services need to be delivered. TDHC will be proactive in continuing to provide a forum for these discussions.
- TDHC will continue to provide information to physicians and physician organizations about the needs for physician services that we identify during our other planning activities, for example, palliative care and mental health.
- TDHC will expand its work with its other partners to enable improved system monitoring, and evaluation.
- Ministry of Health and Long Term Care will be provided with timely advice about locally responsive primary care system solutions.

Conclusion

The TDHC believes that it is critical to move *now* to strengthen local primary medical care services and to foster consistent linkage of primary care with the rest of the health system. According to the recent report of the Health Services Restructuring Commission, any change to primary care organization or delivery will require “champions”. From our planning work, we know that that these champions already exist in Toronto. A strong comprehensive primary care sector is essential for meeting the current and emerging health care needs in Toronto. To ignore the challenges existing now, or to fail to act on the opportunities to create new, more sustainable delivery models, is not an option.

A copy of *Primary Medical Care in Toronto: Strengthening the Foundation, Building the System, Summary Report*, is available on our Website at www.tdhc.org. For further information, or a copy of the full report, please contact Lynne Lawrie at (416) 222-6522, ext. 226, or Karen Atkin at ext. 239.



"I look forward to a continued partnership with the TDHC, working to improve the health of our Toronto communities," says Dr. Sheela Basrur.

Dr. Sheela Basrur is a long-standing member of the Toronto District Health Council. She is Medical Officer of Health for Toronto, as well as an assistant professor, Faculty of Medicine, University of Toronto. Dr. Basrur chaired the THDC Needs/Impact Based Planning Committee which designed a planning guide that is being adopted for use across the province. She is past-chair of the TDHC Health Promotion Committee, past co-chair of the Health Emergency Preparedness Planning Committee, and past member of the Maternal-Newborn Child Steering Committee, Community Integration Sub-Committee and System Planning Committee. The Toronto District Health Council is currently working in partnership with the Toronto Public Health Department on the Homeless Health Initiative as well as the Tuberculosis (TB) Advisory Group.

Introducing our Membership

In the last issue of Health Planner, we introduced our executive. In this issue, Council begins to introduce its other members.

Ms. Carole Kerbel is our newest member of Council, although she has a long-standing relationship with the TDHC. Ms. Kerbel is Chairman, Public Relations, Hill and Knowlton Canada Limited, Toronto, and prior to that she was founder and – for more than 20 years - CEO of Kerbel Communications Incorporated, a leading health care marketing communications agency. She managed the communication around the first and largest hospital restructuring project in Canada (44 publicly funded hospitals) for the TDHC. Ms. Kerbel was the City of Toronto's nominee to the boards of Toronto Hospital, Toronto Licensing Commission, Toronto Zoo, Toronto Transit Commission and Exhibition Place where she currently serves as vice-chair of the Board of Governors. In addition, she was appointed to serve on the Grants Committee of The Change Foundation, an Ontario Hospital Association Initiative.



"I am pleased to renew my association with the District Health Council in this new capacity. I look forward to working toward an improved health system for Toronto," says Carole Kerbel.

French-speaking Mental Health Task Force Initial Recommendations

The French-speaking Mental Health Task Force has been working toward a vision based on the French Language Services Act. Building on two previous Toronto District Health Council (TDHC) reports: *Towards a plan for the delivery of French Language Health Services in Metropolitan Toronto, November 1989*, and *The Needs of Francophones with Severe Mental Health Problems in Metropolitan Toronto: I Only Have the Words in French, December 1996*; the report will advise the Ministry of Health and Long-Term Care (MOHLTC) on providing access for French-speaking persons living in Toronto who require mental health services. Council has endorsed the following initial recommendations:

That the TDHC and the MOH/LTC endorse and support the vision for French language mental health services in Toronto, and

That the THDC and the MOH/LTC endorse and support the following principles for development of French language mental health services in Toronto:

- A critical mass of French-speaking case managers to ensure recruitment, retention and an ongoing ability to serve French-speaking clients.
- Development of a network of services spanning the continuum from assessment through to treatment and community support for people with serious mental illness.
- Development of gateways or a single entry point to facilitate client access to services.
- Coordination of front-line staff and organizational partnerships in the delivery of services

The Task Force will consult with the Ministry of Health and Long-Term Care and present complete recommendations to Council along with the final report on July 25th. The report will be available on our website www.tdhc.org in August. For further information, please contact Anne-Marie Couffin at (416) 222-6522, ext. 271, or amcouffin@tdhc.org.

Dual Diagnosis Implementation Plan

A joint implementation plan for services to persons with a dual diagnosis developed by the Toronto District Health Council (TDHC) and the Ministry of Community and Social Services (MCSS) – Toronto Area Office, has been approved by the Ministry of Health & Long-Term Care and MCSS. The plan focuses specifically on the provision of services to persons with a developmental handicap and a mental illness. The recommendations are now being implemented due to the strong partnership between the two ministries.

The TDHC is pleased to be involved in the first aspect of our mental health system design for Toronto that has been implemented to date.

Discussion are now underway with the Dual Diagnosis Committee of Toronto which will be a key participant in the community development process.

For further information on the Dual Diagnosis Implementation Plan, please contact Iona Noah at (416) 222-6522, ext. 247, or inoah@tdhc.org.

Volunteers Needed

The Toronto District Health Council is a health planning organization that advises the Minister of Health on issues such as mental health, long-term-care and primary care reform. District Health Councils were developed in the belief that community members can best determine local health needs and priorities. Membership on Council includes: people who deliver health and health related social services, representatives from the municipal government, and people who bring a community or 'consumer' perspective. Council members are volunteers appointed by Provincial Cabinet based on local nominations. They receive no payment for their services.

The Toronto District Health Council is currently recruiting volunteers for Council and committee membership. Candidates should have some volunteer board experience and be available to volunteer at least ten hours per month. Every effort will be made to find people with the necessary skills who reflect the diversity of Toronto. For further information, please contact Deborah Bourk at (416) 222-6522, ext. 223 or email your resume to dbourk@tdhc.org.

Further information on the TDHC, and our current projects, is available on our website at www.tdhc.org.

IN BRIEF

Service Utilization Patterns in CCACs in Toronto: 1996 to 1999

The TDHC has recently completed a new report -*Service Utilization Patterns in Community Care Access Centres in Toronto: 1996 to 1999*. This document provides a summary of available information on CCAC clients, caseloads, services and referral patterns. A joint report of the Toronto District Health Council and the Toronto area community care access centres, the document was developed to satisfy a shared interest in developing a baseline for understanding CCAC utilization patterns in Toronto.

The full support and participation of all partners in this project facilitated the development of this

first description of service utilization patterns in CCACs in Toronto, despite difficulties in obtaining information from databases that were not originally designed for planning or trending purposes. It is hoped that, with ongoing improvements to the CCAC information systems, future work in this area will generate an increasingly comprehensive understanding of the trends and impacts of CCAC services in Toronto.

If you have any questions or comments about this report, please call Fern Teplitsky at (416) 222-6522, ext. 273. If you wish to receive a copy of the report, please contact Emily Wong at ext. 240.

Hospital Operating Plans Review

On June 2nd, the twenty-four hospitals in Toronto which operate out of 39 sites, submitted their annual operating plans to the Ministry of Health and Long-Term Care (MOHLTC) and to the Toronto District Health Council. The Operating Plans provide an overview of the programs and services that the hospitals will provide within the fiscal year. Programs and Services are provided based on the hospitals' operating budget and special program funding received from the Ministry of Health and Long-Term Care. In preparing their operating plans, hospitals have consulted with their community partners and neighbour hospitals in an

effort to ensure that programs and services are meeting community needs and priorities. Many hospitals are challenged this year to work more closely with their partners in an amalgamated or merged operating relationship and governance structure. TDHC planners will review the twenty-four operating plans with a view to identifying common systems issues and implications for the various clusters of communities within the city. The TDHC will submit comments and advice to the MOHLTC by mid-July. For further information on this project, please contact Heather Dawson at (416) 222-6522, ext. 241, or hdawson@tdhc.org.

TDHC in the Community

Staff and volunteers of the Toronto District Health Council are often out in the community learning from consultations and taking part in conferences and events. Here are some recent examples:

On June 26th, the Toronto DHC was host to a delegation of 20 visitors from Israel. The visitors are administrators of long-term-care facilities and retirement homes. They were particularly interested in how long-term-care services in Toronto are tailored to meet the specific ethno-cultural, religious and linguistic needs of Toronto's diverse population. Scott Dudgeon and Fern Teplitsky hosted the group and made presentations on

Toronto's health care system, population demographics and long-term-care programs. The members of the group were impressed by the variety of programs and services that have been developed to meet the specific needs of Toronto populations. The group was enthusiastic about returning to Israel with new strategies to try to accommodate the needs of their own diverse seniors population.

Senior Health Planner, Fern Teplitsky, is taking part in a Registered Nurses Association of Ontario Expert Panel which is developing guidelines on supporting family caregivers.

TB Initiative Nearing Close

The TDHC is working in partnership with Toronto Public Health on a tuberculosis (TB) initiative. Toronto has one quarter of the TB cases in Canada and from 1991 to 1996, the City was home to 57% of Ontario's TB cases. The goal of the TDHC TB Advisory Group is to analyze the current capacity to provide TB care and control in Toronto and put forth recommendations to enhance the coordination along the continuum of care for patients with TB, in particular, those with multi-drug resistant TB. The Group is nearing completion of their task and will be submitting a report to Council in July. For further information on the TB initiative, please contact Natalia Klimko at (416) 222-6522, ext. 234, or nklimko@tdhc.org.

Optimizing Community Nursing Resources

Since their inception in 1998, the Community Care Access Centres (CCAC) have monitored trends in the health care system and their impact on home care services. The increasing acuity of certain trends, such as the nursing shortages, has led them to become more actively involved in addressing these system issues. Although community nursing is the sector reporting the most pressures; shortages of speech-language pathologists, physiotherapists, occupational therapists and even home-makers are exacerbating the situation.

In the fall of 1999, the CCACs created a joint CCAC/Nursing Provider Task Force, which issued a report on the short/medium/long-term strategies needed to maximize utilization of limited nursing resources.

Since then, the TDHC has been working closely with the CCACs in their efforts to optimize the use of nursing resources in the community. A copy of the Task Force Report, or the newsletter describing the various innovations and improvements being piloted by the CCACs and the nursing provider agencies can be obtained by contacting Natalie Pawlenko at npawlenko@tdhc.org, or (416) 222-6522, ext. 246.

Health Planner

If you would like to be added to our mailing list to receive *Health Planner*, please contact Deb Bourk, Editor at dbourk@tdhc.org, or TDHC 4141 Yonge St., Suite 200, Toronto, Ontario M2P 2A8