Effecting system-wide improvements in health

IMPACT UPDATE health planner

Fall 2004

A publication of the Toronto District Health Council

MESSAGE FROM Mimi Lowi-Young, TDHC Council Chair

These past few months have been very busy for us at the Toronto District Health Council (TDHC). Since the release of our *Health System Plan* for Toronto in June, we have been consulting with stakeholders about next steps. One key element of this has been to work with the ministry on a diabetes strategy. An overview of the *Toronto Health System Framework* was presented at an open forum titled: *Diabetes Services in Toronto* hosted by the *Ministry of Health and Long-Term Care Community Health Branch*. The TDHC shared the mapping of *Diabetes Education Centres* in Toronto.

Homelessness remains high on our agenda. With the co-sponsorship of *Scarborough General Hospital*, we hosted our second workshop to share best practices for providing health and related services to people who are homeless or under-housed. At this event, we provided updated copies of our *Homelessness Tool Kit,* which was originally developed by the *TDHC Homeless Discharge Planning Group* to enhance the continuity of care for persons who are homeless or under-housed as they interact with the health system. We have been very pleased by the response to this tool kit by both local providers and providers from other cities and the U.S.. As also noted elsewhere in this newsletter, colleagues in Hamilton have used our Tool Kit to create a similar resource.

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THIS ISSUE

THE TDHC AND LOCAL HEALTH INTEGRATION NETWORKS (LHINs):

Healthcare Stakeholders see Important Role for TDHC in new LHINs Planning Structure

Earlier this fall, the Honourable George Smitherman, Minister of Health and Long-Term Care, invited Ontario healthcare stakeholders to provide feedback on how they might help implement the 14 *Local Health Integration Networks (LHINs)* in Ontario. The TDHC has a long-standing commitment to furthering integration and collaboration among providers in our area. Previous work done on enhancing access and furthering continuity of care in Toronto was forwarded to the Minister.

To further inform our response to the Minister, the TDHC asked for input through an e-mail survey of healthcare provider and consumer stakeholders in the Toronto area. Stakeholders were clear in their view that the government needs to build on what exists in terms of local expertise and success. Concern was expressed by some regarding the lack of alignment of LHINs boundaries with existing municipal boundaries. Stakeholders also saw a key role for the TDHC with its population-based planning approach in this evolution to a new LHINs planning structure (see page 8).

The TDHC incorporated this feedback into a letter that it wrote to the Minister of Health and Long-Term Care in late October. The letter emphasized key success factors in the implementation of this part of the government's transformation agenda. These factors include:

- translating population health issues into priority action items for local area planning
- recognizing the concept of 'community', how it is perceived by citizens, and how it can contribute to change when appropriately engaged

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ONTARIO DHCS SHOW THEY ARE READY FOR IMPORTANT ROLE WITHIN LHINs:

TDHC Hosts Successful Provincial Action Centre 2004 Conference

Inspiration Integration Impact
Strengthening the health of our communities
Action Centre 2004

LEFT: Mr. Stephen Lewis, United Nations Special Envoy on HIV/AIDS in Africa, addresses Action Centre 2004 delegates with a passionate speech about the importance of community-based care to the health of a nation.

RIGHT: Toronto Mayor David Miller welcomes Action Centre 2004 delegates to Toronto and speaks about how community-based healthcare has touched him personally.

Copies of the presentations made at Action Centre 2004 can be found on the www.tdhc.org website. Click on the Publications button, then the Newsletters icon to find the website version of this story and download a .pdf document.

On October 16, 17, and 18th, the Toronto District Health Council (TDHC) hosted *Action Centre 2004*, the annual conference of Ontario's 16 district health councils (DHCs). Approximately 200 delegates from Ontario's 16 DHCs, the *Ministry of Health and Long-Term Care (MOHLTC)* and various healthcare sectors gathered at the *Toronto Hilton* hotel in downtown Toronto. The conference took place at an important time for Ontario's DHCs, given the ministry's recently announced *Local Health Integration Networks (LHINs)*. *Action Centre 2004* provided DHCs with an opportunity to showcase their health system planning expertise and commitment to integrating Ontario's healthcare system.

Toronto Mayor David Miller kicked off the conference on Saturday evening by welcoming delegates to Toronto and expressing his support for the work of DHCs to strengthen community-based healthcare. The Mayor spoke of his recent positive personal experience with the health system and the compassionate care provided to his critically ill mother. Delegates heard from conference keynote speaker Mr. Stephen Lewis, the *United Nations* Envoy on HIV/AIDS in Africa, who spoke passionately about his experiences fighting HIV/AIDS in Africa. He reflected that these experiences had taught him that a nation's health - indeed its strength - depends on the ability of its communities to meet the local health needs of its residents. He therefore identified with the commitment of Ontario's DHCs to strengthen community-based care across the province as an extremely important one.

Throughout the week-end *Action Centre 2004* delegates listened to high-calibre guest speakers and panelists and participated in interesting sessions. Sessions covered issues such as children's health, seniors' health, chronic disease management and workplace wellness. Session presenters included health system thought leaders and innovators from Ontario and as far away as Seattle, Calgary and the west coast of Canada. A summary of the key themes expressed in the *Action Centre 2004* presentations can be found in the yellow shaded box. Delegates left the conference inspired, equipped with new tools to integrate healthcare service delivery and passionate about continuing to make a positive impact on Ontario's healthcare system within the new *Local Health Integration Networks (LHINs)* planning structure. ■

Six common themes similar to the LHINs guiding principles were expressed in the session presentations at the conference. Action Centre 2004 delegates heard that Ontario's healthcare system should be:

Patient-centred:

- give patients more information and decision-making in their own care
- increase the knowledge and resources available to patients for making decisions regarding their own care
- allow for patient self-management and provide them with support
- provide patients with care that they understand and which fits their culture

Community-based:

- ensuring continuity of care from hospitals into the community
- expediting rehabilitation and disease management
- reduce patient waiting times, through increased access to primary care and public health
- reduce the cost curve of hospitals
- allow patients to stay in their homes longer by providing them with support
- improve transportation to community health services
- increase the community's awareness of services and how to get them

Coordinated:

- use information technology to make one

What Delegates Learned from Action Centre 2004

After the conference, Action Centre 2004 delegates were asked what ideas they learned. Participants indicated that the conference made them think about:

- ways that family doctors can be engaged in health planning activities
- methods that could be used to bring together different primary care models to plan for other communities' primary care needs
- ways to use DHC skills to address the international AIDS epidemic
- the parental and societal influences on the determinants of children's health
- what management can do to improve workplace wellness
- the implementation of a chronic disease management strategy similar to BC and Alberta
- how LHINs will bring mental health services closer to home

patient record available to many providers
- provide one-stop shopping, single points of access for patients to healthcare services
- integrate specialists into the primary care system
- set common system-wide goals and objectives so that all healthcare providers are working together

Preventative:

- develop a health promotion infrastructure to raise community awareness of health risks
- early childhood interventions and investment will increase a person's productivity later in life

Accountable:

- monitor healthcare program implementation through reviews, feedback and statistics

Innovative:

- use funding methods that encourage single points of access to a full basket of healthcare services for patients
- provide incentives that reward healthcare providers based on the quality of care that they provide
- use information technology to help caregivers treat patients in remote areas
- introduce incentives that will encourage more medical school students to choose family medicine as a career option
- use information technology to monitor high-risk disease populations and the potential need for services

MPP SPEAKS ON FUTURE CHANGES FOR LONG-TERM CARE:

Toronto Placement Forum Hosts Workshop on Long-Term Care Placement

The *Toronto Placement Forum*, a special project housed at the Toronto District Health Council (TDHC), held a *Building Bridges and Bridging Gaps: Improving Partnerships in the LTC Placement Process* event at Queen's Park in early November. The workshop was designed to improve communication and collaboration between staff members of various organizations, and it provided an opportunity for participants to discuss a number of important long-term care placement issues.

LEFT: Ms. Monique Smith, MPP for Nipissing and Parliamentary Assistant to the Minister of Health and Long-Term Care, addresses participants of the long-term care placement workshop hosted by the Toronto Placement Forum and the TDHC.

The nearly 100 workshop participants listened to a number of speakers, including Ms. Monique Smith, MPP and Parliamentary Assistant to the *Minister of Health and Long-Term Care*. Smith spoke about the investigation which she conducted several months ago into the quality of care provided in Ontario's long-term care facilities. In May 2004, she released a report entitled *A Commitment to Care: A Plan for Long-Term Care in Ontario* with her findings and recommendations on how to improve Ontario's long-term care system. ■

There is a toll free number, 1-866-434-0144, for families to call with concerns about the care being provided by a long-term care facility to a loved one. Evaluations of the quality of care provided by each long-term care facility in Ontario can be found on the www.health.gov.on.ca website.

To read TDHC reports addressing seniors and long-term care issues, go to the Reports section of the www.tdhc.org website and click on the Seniors & Long-Term Care icon.

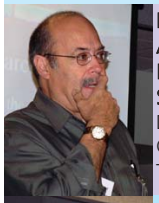
HELPING PERSONS WHO ARE UNDER-HOUSED:

TDHC Hosts Second Workshop on Best Practices for Helping Under-housed People

In 1999, the Report of the Mayor's *Homeless Action Task Force* identified homelessness as an important issue facing the city of Toronto and its healthcare community. Since this report the Toronto District Health Council (TDHC) has been working hard to improve the health and well-being of Toronto's under-housed persons. To continue its work on promoting the sharing of best practices to improve the care of under-housed people, the TDHC hosted its second workshop on the topic of homelessness entitled *Moving Forward To Meet The Needs Of The Homeless*: *Sharing Best Practices.* Representatives from Toronto area hospitals, community service agencies and homeless shelters attended the half-day forum, which was held at *Scarborough Grace Hospital* in late October. ■

BELOW: Several organizations providing services to homeless persons in the Toronto area were on display at the workshop.

BELOW: Homeless workshop participants listened to 5 presentations on topics ranging from educating hospital workers, providing healthcare to the homeless population including immigrants and helping homeless persons find the services they require.



Lack of Health Insurance Among Immigrants and Refugees Living in Scarborough
Dr. Paul Caulford,
Chief of Family Practice,
The Scarborough Hospital

The Homeless Maze - Dispelling the Myths and Stereotyping
Mr. Len Perkins,
Job Developer/Maze Coordinator, CornerStone Community Association Durham

A Replication Model for Integrating Health Care and Homeless Care
Mr. Toby Druce,
Partners in Time

Educating and Sensitizing Hospital Staff to the Care Needs of the Under-housed
Ms. Devon Peart,
Community Health Promoter,
The Scarborough Hospital

Scarborough Housing Help Centre

Ms. Fatemeh Soltanidji,
Housing Counselor

Ms. Sherri Carlson, Training Developer and Implementation Manager

To obtain a summary of the key points made in the five presentations at the Homeless Workshop contact Nadia Lalani, TDHC Health Planner or visit www.tdhc.org and click on the Publications button, then the Newsletters icon to go to the website version of this story.

SMALL HEALTH PLANNING AREAS WEBSITE LAUNCH:

TDHC Small Health Planning Areas Work Continues to Receive Praise from Stakeholders

In March 2004, the TDHC published a report entitled *Toronto Small Health Planning Areas: A Population-Based Approach to Constructing New Health Planning Areas in the City.* This report describes a methodology developed by the TDHC and several partner organizations to divide Toronto into 15 unique *Small Health Planning Areas* for health planning purposes. It is an approach that uses *Statistics Canada Census Tracts* as building blocks and 'percentage of low income households' as an indicator of an area population's health status, health service utilization and health needs. The TDHC recently posted a statistical profile of each *Small Health Planning Area* on its website - www.tdhc.org - in a format that is easily accessible to its stakeholders and the general public. These web-based profile sheets have received praise from people such as Ms. Tess Palatino, a Program Consultant with the Priority Services Unit, Hospitals Branch, Acute Services Division, *Ministry of Health and Long-Term Care.* According to her, "the sociodemographic data of the small planning areas is a rich source of information for planning purposes. ■

"This is a great and friendly planning tool. Congratulations to the Toronto District Health Council for your excellent work."

Ms. Tess Palatino, Program Consultant
Priority Services Unit, Hospitals Branch
Acute Services Division - Ministry of Health and Long-Term Care

Go to the Who We Are section of the www.tdhc.org website and click on the Toronto Population's Health button to access statistical profiles for each of the 15 Small Health Planning Areas.

HOMELESS PATIENT DISCHARGE:

Hamilton Public Health and Hospital Partners use TDHC Homelessness Tool Kit to Develop Their Own

A year ago, a group of homeless shelter operators in the Hamilton area decided they wanted to improve the way hospitals discharge homeless patients back into the community. Their decision was prompted by what they felt were a number of inappropriate discharges of homeless people by local hospitals. The operators formed a *Hospitals-Shelters Working Group* chaired by Ms. Niki Gately, Street Outreach Coordinator at *Hamilton Public Health and Community Services*. The working group saw a particular need to empower Hamilton area hospital social workers and staff with knowledge of where in the community to refer homeless patients when discharging them. It was felt that providing a tool kit to front-line workers dealing with homeless persons would be the best way to accomplish this objective.

Fortunately the Toronto District Health Council (TDHC), in partnership with *Toronto Public Health* and several other healthcare sector partners, had already developed a *Homelessness Tool Kit* in 2002. It had been developed as a response to the growing problem with homelessness in Toronto and the need for a protocol that hospitals could follow when discharging homeless persons. According to Gately, "John O'Neill, a social worker from *St. Joseph's Hospital* in Hamilton was surfing the Internet and happened across information about the tool kit on the TDHC website. It was exactly the kind of thing we were looking for." He then asked the TDHC for permission to use the tool kit as a template in the development of a similar one for the Hamilton area.

The TDHC's *Homelessness Tool Kit* had been developed based on feedback from consultations with Toronto people who are homeless as well as staff from hospitals and community agencies. It was designed to assist front-line hospital staff through the following four critical steps associated with discharging a homeless person from hospital care: identifying a homeless patient without adequate shelter, matching that patient's needs with available community agencies, sharing important patient information with community agencies and ensuring a smooth transition for homeless patients to a community agency. A front-line worker can follow these steps to ensure that a homeless patient continues to have their needs met (e.g. clothing, shelter, mental health supervision, transportation). They are steps that are critical to improving care continuity and health outcomes for under-housed persons.

> *"So far, we have not found resources like this published by other organizations. I think Toronto would be the first place we'd look, so maybe other communities have similar tool kits, but we stopped at Toronto since it seemed to fit with our idea of what we wanted to create here in Hamilton."*
>
> Ms. Niki Gately
> Street Outreach Coordinator
> Hamilton Public Health and Community Services

The tool kit has been an invaluable resource for Gately and her *Hospitals-Shelters Working Group* in their efforts to put together a similar resource for Hamilton. "We found the first few pages very useful," she noted. "The ones entitled 'Tool Kit for staff working with patients in need of shelter,' 'Information to share with community agencies when discharging homeless patients' and 'Guidelines to support patients in need of shelter' were particularly useful."

Once it is completed, about 50 copies of the Hamilton tool kit will be created and distributed to the various departments across the hospital system in Hamilton. One person from each site will be responsible for updating the resources section.

According to Gately, "The whole thing will be launched the last week of November. We will invite hospital staff to launching events at each hospital site that week so the information gets to as many people as possible." *The Hospitals-Shelters Working Group* is planning on evaluating the tool kit in terms of improved communication between hospitals and shelters. ■

To obtain an electronic copy of the TDHC Homelessness Tool Kit, contact Nadia Lalani, TDHC Health Planner, at nlalani@tdhc.org.

PHYSICIAN BILLING FOR UNINSURED HEALTHCARE SERVICES:
Stakeholders Consulted on a 'Block Fees' Policy

On September 22nd, 2004 the Toronto District Health Council (TDHC) hosted a consultation session on behalf of the *College of Physicians and Surgeons of Ontario (CPSO)*. The CPSO is a self-regulating body that regulates the practice of medicine by Ontario's physicians and surgeons. The session was conducted to obtain feedback from healthcare consumers regarding:

- the propriety of physicians charging block fees
- the rules that must be in place if block fees are to be charged

This consultation session was part of a province-wide review of the CPSO 'block fees' policy. A block fee is a flat fee that a physician charges a patient when they require a non-essential health service that is not covered by the *Ontario Health Insurance Plan (OHIP)*. These services include instances when telephone advice is provided, or a sick note is issued, by a family physician to a patient.

The CPSO block fees policy is a voluntary set of guidelines for Ontario physicians to follow when charging their patients 'block fees' for certain healthcare services. The CPSO had decided to review its block fees policy in response to growing public concern over how physicians were charging their patients for uninsured healthcare services. Ontario's DHCs were asked to play a key role in conducting consultation sessions on the CPSO block fees policy because they are independent, objective and have the credibility to bring together healthcare sector stakeholders. DHCs also have extensive knowledge regarding the healthcare needs of their respective communities and have demonstrated an ability to develop community-focused solutions to those needs for over three decades.

Feedback from these consultations revealed that patients generally do not mind the idea of physicians charging them directly for services that are otherwise not insured by OHIP. Many patients find that their physician does not charge them these fees, and most people seemed confident that physicians did not charge block fees to those who can't afford to pay for them. The consultations revealed that certain parts of the policy needed to be clarified and this feedback was used by the CPSO to refine the block fees policy. ■

Read some of the comments of healthcare provider and consumer groups regarding block fees on the www.tdhc.org website. Click on the Publications button, then the Newsletters icon to find the website version of this story and download a .pdf document.

"The CPSO asked Ontario's DHCs for help because it has had very positive experiences in the past with DHCs when they gathered feedback on other CPSO issues related to strategic planning or continuity of care. This consultation was a success. We felt that the DHCs brought us a wide range of individuals who were interested and committed to healthcare issues."

Ms. Shenda Tanchak
Manager, Policy
Policy Department
The College of Physicians and Surgeons of Ontario (CPSO)

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

The TDHC and LHINs

(continued from page 1)

- implementing information technology to support integrated care planning and delivery across provider groups, both within and beyond sectors of care
- supporting multiple models of care with primary care as a fundamental entry point
- establishing clear lines of accountability around planning, monitoring, evaluation and resource allocation.

The ministry has announced that it will be holding one-day facilitated workshops in each of the 14 LHINs areas. These workshops are designed to set in motion the process of communities organizing themselves to prepare for the transition to LHINs in each area. The workshops are open to representatives of healthcare providers, associations and health-related organizations. Details regarding the LHINs workshop in your area can be found in the November 1, 2004 LHINs bulletin which is posted on the www.health.gov.on.ca website. Locate this bulletin by clicking on 'Transforming Healthcare', then 'Local Health Integration Networks (LHINs)' and then 'LHINs Bulletins'. Space is limited and each organization is asked to register only two representatives. ■

Read more comments from the TDHC stakeholder survey on the www.tdhc.org website. Click on the Publications button, then the Newsletters icon to find the website version of this story and download a .pdf document.

FRENCH LANGUAGE HEALTH SERVICES AWARDS:

TDHC Acknowledges Commitment to Providing French Language Health Services in Toronto

On Wednesday, September 29th, 2004, the Toronto District Health Council (TDHC) hosted a *French Language Health Services Awards* ceremony at *Toronto Metro Hall.* This ceremony recognized individuals who have been making a difference in the lives of Toronto's francophone residents. Five people were selected from a group of 26 who had been nominated by peers for their dedication to improving the availability and accessibility of French language health services in Toronto. A panel of judges consisting of members from Toronto's healthcare sector and the francophone community chose the winners. Each award winner was selected from a list of nominees within one of four possible award categories. The categories were *Outstanding Healthcare Partner*, *Dedicated Individual*, *Health Volunteer* and *Healthcare Professional*. Ms. Béatrice Nday wa Mbayo, Program Coordinator at the *Centre médico-social communautaire de Toronto (CMSC)* was the recipient of the *Healthcare Professiona*l award. ■

To read about the TDHC's work to improve French language health services in Toronto, go to the Reports section of the www.tdhc.org website and click on the French Language Services icon.

"I was very moved to receive the certificate. Without the support of the mental health management team, this (Francophone Partner Assault) Program could not have been developed."

Dr. Marie-France Dionne,
Psychologist
North York General Hospital
Recipient of the Outstanding Healthcare Provider
French Language Health Service Award

"I am very glad that the TDHC selected me for the contribution that I have made to French language services in Toronto. I congratulate the TDHC and Anne-Marie Couffin, Regional French Language Services Coordinator, for their leadership and initiative."

Mr. Denis Fortin, Expert Consultant
RIFSSSO.
Recipient of the Dedicated Individual French Language Health Services Award

"My heart felt really warm and gave me a taste to follow through in this work and how meaningful it was. There is no greater satisfaction than these small moments of joy displayed on the faces of our isolated seniors."

Gilles Barbeau and his wife, Lise Devine
Bénévole de Bendale Acres / Pavillon Omer Deslauriers.
Recipient of the Health Volunteer French Language Health Services Award

LEFT: Ms. Béatrice Nday wa Mbayo, Program Coordinator at the Centre médico-social communautaire de Toronto (CMSC), smiles after being presented with the Healthcare Professional French Language Health Service Award.

Message from the Chair *(continued from page 1)*

We continue to consult on important issues with our community. At the request of the *College of Physicians and Surgeons of Ontario (CPSO)*, the TDHC conducted a community consultation on issues related to block billing. Other consultations occurred around our seniors project and issues of placement related to long-term care.

With recent announcements about the creation of *Local Health Integration Networks (LHINs)*, the TDHC notes the potential to strengthen local planning. We have communicated to the Minister of Health and Long-Term Care our view of the key success factors for this transformation. Included in these are a continued focus on population health and building on existing local innovations and successes. This fall our stakeholders have advised us that the TDHC must play an important role in the implementation of LHINs, and we are committed to working hard to ensure planning continuity.

In October, we hosted the *Action Centre 2004* conference, which is the annual meeting of Ontario's 16 district health councils (DHCs). *Action Centre 2004* provided Ontario's 16 DHCs with an opportunity to showcase our health system planning successes and expertise and allowed us to learn from guest speakers and each other about how to improve and integrate the delivery of healthcare services. ■

Please enjoy reading this issue of our newsletter to find out more about our busy fall and be sure to visit the TDHC website at www.tdhc.org.

THE TDHC AND LOCAL HEALTH INTEGRATION NETWORKS (LHINs):
TDHC Stakeholder Feedback on LHINs

On October 15th 2004, the Toronto District Health Council (TDHC) conducted a survey of its stakeholders to solicit feedback regarding the implementation of Local Health Integration Networks (LHINs) in Toronto and the role that the TDHC should play in the new LHINs structure. The following are a few of the quotes received from stakeholders:

"The TDHC has done considerable work looking at population health and has spent the last year looking at a "systems approach" to the delivery of healthcare services in the GTA. This work should be very valuable to the ministry as it tries to implement the LHINs. The present structure of LHINs is very hospital centric and understanding how this will translate into better care in the community is work very familiar to the TDHC."
(Hospital Sector Stakeholder)

"The TDHC could play a facilitative role among stakeholders as the LHINs will require groups to work together that have not had to work together before in such a meaningful way. They will be able to add a critical thinking dimension to the funding issues."
(Long Term Care Sector Stakeholder)

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