Health
Results
Team

Local Health Integration Networks: Building a True System

Bulletin No. 4 – November 15, 2004

Today's issue brings you a summary and a report on your feedback to the questions we posed to the health care community in Bulletin No. 1.

Report on Feedback to Questions Posed in Bulletin No. 1

The ministry wishes to express its sincere thanks and appreciation to all individuals and organizations who took the time to send us their input. In total, the ministry received 430 submissions, with comprehensive and valuable information.

Your comments and suggestions will help inform our ongoing policy work on the creation and implementation of LHINs.

In summary, approximately 88 per cent of the respondents were accepting and supportive of the LHIN initiative and expressed hope that the ministry will build on the integration activities in their communities.

Following are the key areas in which most respondents provided input and suggestions:

- Support for the goals of system integration and a recognition that in order to serve the best interests of patients health care organizations need to collaborate.
- Welcoming the opportunity to build upon the successful integration initiatives in communities.
- Appreciation for the ministry's health care partner and community engagement approach.
- Understanding that health care providers and organizations jointly share the responsibility with the government for the effective delivery of health care that goes beyond boundaries and mandates.
- Willingness and readiness to participate in implementation and get involved (e.g. serving on LHIN Boards, participate in focus groups, lend staff to work on LHIN development, etc.).
- Desire for all health care providers, health related organizations and patients, to be engaged throughout the creation and implementation of LHINs.
- Recommendations that all health care provider institutions and sectors have an equal voice and role in LHIN development and operations.
- Agreement that funding be tied to performance measures and evaluation.
- Comments on the rationale for the LHIN boundaries and the relationship between LHIN boundaries and current and future service patterns. Most comments were related to the fact that

existing health networks fall into two or more new LHINs boundaries. Also, some respondents from the North asked whether current patient referral practices (many are sent out of province for treatment) were being taken into account when determining LHINs boundaries.

- Caution that factors such as distance, budget, climate and cultural differences within the province may affect participation in the community engagement and implementation process.

In general, while being largely supportive, respondents asked the ministry to keep expectations for implementing LHINs and achieving integration realistic. Based on their experience, they indicated that it takes time to establish the working relationships that will make integration successful, and in the best interest of patients.

Once again, the ministry extends a sincere thank you to all who took the time to provide us with this important information.

You may access a copy of the full report by going to www.health.gov.on.ca/transformation.

The ministry is looking forward to beginning the community work on LHIN implementation at the series of LHIN planning workshops scheduled to take place in each LHIN area between November 19 and December 8. For information on schedule, registration and locations, please see Bulletin No. 3 available at www.health.gov.on.ca/transformation.

Please look for the LHIN Bulletin on the 15th day of every month. Also, LHIN-related updates and reports will be posted at www.health.gov.on.ca/transformation on the 1st day of every month, if necessary.