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# Local Health Integration Networks: Building a True System

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## **Bulletin No. 29 – March 12, 2007**

### **Transitioning away from the Regional Offices structure**

April 1<sup>st</sup>, 2007 is becoming known as T-Day in Ontario health care circles. T for Transition. It's the day that the province's 14 Local Health Integration Networks (LHINs) assume their full responsibilities for funding, planning and integrating health care services at the local level. At the same time, the ministry's Regional Offices will be winding down their operations.

An internal ministry team has been established to ensure a timely, efficient and smooth transition, the number one objective being minimal disruption to health care providers and the public they serve.

To that end, the Regional Office wind down team has undertaken a three-part strategy:

#### **Direct Points of Contact**

The most immediately sensitive aspect of this transition involves the existing points of contact between the Regional Offices and health care providers as well as members of the public. As of April 1<sup>st</sup>, people attempting to contact a Regional Office will be redirected to their respective LHIN or to new areas within the Ministry.

To initiate this transition, all of the Regional Offices' public points of contact have been considered and a redirect guideline has been developed. As well, specific redirect mechanisms via signage, toll-free numbers, local telephone directory listings, INFOline and the ministry's website are being finalized. The process of identifying new contacts (the person or area responsible for them) and developing communication materials to assist LHINs and health service providers during the transition is well under way, and details will be provided in the near future.

### **Records and Information**

The second priority is the coordinated transfer of existing Regional Office records and information to their new homes. Records could end up with a LHIN, in a new area of the ministry, or in the Records Centre where they can be archived or disposed of in accordance with existing record retention schedules. There is clear recognition in both the ministry and the LHINs of the importance of leveraging the information developed and maintained in the Regional Offices over the past ten years. Regional Office staff have been working closely with the LHINs for more than a year, transferring critical knowledge and ensuring that LHINs are properly prepared to assume their new roles. They have also been organizing and culling records to make information sharing more efficient.

Simultaneously, an assessment of Regional Office applications is well underway in the information management and IT clusters group. The results of this assessment will help guide decisions regarding which IT applications need to be retained by the ministry, and which are no longer needed. During the transition period, the internal IT group will maintain the applications until their final destiny is confirmed.

### **Regional Office Assets**

Finally, Regional Office assets are in the process of being decommissioned. These assets include furniture, office equipment and technology infrastructure. The ministry has already created inventories of office space and leases and will be ready to reassign them when necessary.

### **Regional Office Staff**

Another sensitive and important component of the Regional Office closure is the effect that this closure has on ministry staff. Many Regional Office staff members are transferring to other parts of the Ministry, in areas

where their expertise and experience will be of much value.

Some other former Regional Office staff and corporate staff members have already found new opportunities with the LHINs, where their historical knowledge of the local health care system has made a significant contribution. There are also a number of former District Health Council employees in the mix. This means that a lot of “corporate intelligence” about the Ontario health system is still being retained in the system.

### **Capital projects**

The Regional Offices’ capital project responsibilities are transferring to the Ministry’s Health Reform Implementation Team (HRIT), which will be made up in part of former Regional Office consultants. The HRIT will be adjusting its structure to carry out an expanded volume of activity. For hospital capital projects, the Team Lead portfolios will be divided into 4 geographic areas that will group hospitals within LHIN clusters. This is the list of Team Leads and their responsibilities:

Linda D. Hunter – hospitals within Erie St. Clair; South West; Waterloo Wellington; Hamilton Niagara Haldimand Brant LHINs  
Elaine Bishop – hospitals within Toronto Central; Mississauga Halton LHINs  
Nancy White – hospitals within Central West; Central; Central East; North Simcoe Muskoka LHINs  
Anne Barszczewski – hospitals within South East; Champlain; North East; North West LHINs

As well, community projects under Regional Office leadership will transfer to the HRIT and there will be a Team Lead for Community Projects. That appointment has yet to be made.

Although LHINs are not responsible for capital projects, they will be engaged by providers in the early planning stages for capital projects in which local system needs and priorities are established. As local system planners, LHINs are an important voice in how health service providers develop their program and service plan to meet population needs.

### **Financial Management Branch**

To support the LHINs’ fulfillment of their funding and allocation mandate, the ministry in January established a new Financial Management Branch (FMB) under the Corporate and Direct Services Division to serve as a paymaster for individual health service organizations. FMB will benefit from the knowledge and experience of several former Regional Office staff members who are joining the new branch.

The mandate of this branch includes processing payments; gathering, validating and distributing in-year and year-end reporting; reconciling annual health service

provider funding on behalf of LHINs, while also and performing controllership-related functions. The FMB will provide transactional financial support to LHINs to fund health service providers under their management, including hospitals, mental health and addictions agencies, community health services, long-term care homes, community care access centres, and community support services.

In addition to supporting the LHINs, FMB will also absorb responsibility for a number of the claims-based initiatives that were formerly handled by the ministry’s Regional Offices, like long-term care laboratory services claims, in-year equipment approval and co-payment calculation. Providers who deal with Regional Offices for claims-based programs will be receiving instructions from the ministry over the next few weeks detailing any changes that need to be made when submitting claims.

### **For more information**

As transition day approaches, the number of people and providers with questions continues to grow. There is a dedicated toll-free number for people with questions about the transition to call. That number is 1-866-255-2292 or TTY 1-800-387-5559

Providers and members of the public are welcome to submit questions about LHINs and the ongoing health care transformation in email form to [transforminghealth@moh.gov.on.ca](mailto:transforminghealth@moh.gov.on.ca). They will be answered directly in as timely a manner as possible.

### **Questions and Answers about the transition to LHINs:**

**Q: If I call my Regional Office hospital consultant on April 3, will he or she still answer the phone?**

A: As of April 1, all general office phone lines and those of staff who are no longer working in the Regional Offices will be transferred to the ministry inquiry line (1-866-255-2292 or TTY 1-800-387-5559). At that point callers will either be redirected to a LHIN or to the appropriate ministry area, depending on the nature of the call.

If you wish to contact your LHIN directly, LHIN contact information is available on the ministry website at [http://www.health.gov.on.ca/transformation/lhin/lhin\\_contact.html](http://www.health.gov.on.ca/transformation/lhin/lhin_contact.html) or at <http://www.lhins.on.ca>. Unsure of which LHIN to call? Information about LHIN geographic information can be found at [http://www.health.gov.on.ca/transformation/lhin/lhinmap\\_mn.html](http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html).

**Q: You say that the ministry retains responsibility for capital projects in the province. Does that mean that my LHIN can do nothing to influence capital projects in my local hospital?**

A: Not at all. LHINs will work closely with providers to make decisions that are best for the communities they serve. Decisions about new capital projects are usually made well before a shovel enters the ground, so many decisions about current projects were made prior to the implementation of LHINs. Going forward, however, it is likely that health service providers and LHINs will work collaboratively to determine the health system needs that might translate into future capital projects.

**Q: What happens to the Ministry of Health and Long-Term Care once LHINs have taken over the funding of services?**

A: The Ministry of Health and Long-Term Care is rising to a more strategic level, focusing more on providing overall direction and leadership for the province's health care system. Essentially, the ministry's future role will focus on providing stewardship. The ministry will be less involved when it comes to the actual delivery of health care and will instead provide overall direction and leadership for the system.

**Q: How do we know LHINs will be ready to take on this enormous responsibility?**

A: The Ministry of Health and Long-Term Care has been working closely with the LHINs over the past weeks and months, identifying areas where additional work should be done or resources focused so LHINs, the ministry and health care providers will have a smooth transition on and after April 1.

**Q: How will life change for patients April 1st, 2007?**

A: Patients will continue to receive the quality health care for which Ontario is known around the world. Going forward, they may notice an improvement in the access and availability of these services, as LHINs carry out their mandate of making local health care services more responsive to the needs of local communities.

**Q: How will life change for service providers on April 1st, 2007?**

A: There will be few if any changes in the short term. Providers and LHINs have already been in discussion, and these discussions will continue. Going forward, providers will negotiate their funding agreements with LHINs instead of with the government. They will also work to resolve issues and challenges directly with LHINs instead of with the Ministry of Health and Long-Term Care. But these are evolutionary as opposed to revolutionary changes. Life on April 1st will be exactly like life on March 31st.

**Please regularly check the ministry's website at [http://www.health.gov.on.ca/transformation/lhin/lhin\\_mn.html](http://www.health.gov.on.ca/transformation/lhin/lhin_mn.html) for the latest news on the ministry's transformation.**

This update is produced by the LHIN Coordination Project.  
For more information call INFOline at 1-888-779-7767 8:30 a.m. to  
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