

All about LHINs

Local Health Integration Networks will bring about more coordinated health care

Now that the Local Health System Integration Act, 2006 (LHSIA or Bill 36) has received Royal Assent, Local Health Integration Networks (LHINs) are closer to taking responsibility for making local health care decisions. The roles of the province's 14 LHINs will be phased in over time. They will begin by engaging local communities and health care providers in setting priorities and planning health services in their area. LHINs will then move to integrating local systems, and eventually, providing funding and allocating resources to health care providers in their regions.

What does this mean for the future of health care in Ontario, and how will the LHINs work with the Ministry of Health and Long-Term Care? Cross-functional teams in the ministry, from within and across divisions, have been hard at work for many months developing the legislation, along with associated regulations and policies, and addressing funding, access to information and strategic planning questions related to the LHINs. We asked some of the team leads to talk to us about the LHINs today and the critical next steps that will be necessary to equip them to implement more coordinated health care across the province.

But first, the basics.

What are LHINs?

LHINs are not-for-profit corporations that will work with local health providers and community members to determine the health service priorities of their regions. The LHINs will not provide services directly, but rather, will be responsible for integrating services, in a specific geographic area for the following service providers: public and private hospitals (including divested provincial psychiatric hospitals), Community Care Access Centres, community support service organizations, mental health and addiction agencies, community health centres and long-term care homes. Meanwhile, the ministry will retain responsibility for individual practitioners and family health teams, ambulance services, laboratories, provincial drug programs, provincial programs, independent health facilities and public health.

The LHINs reflect the reality that

a community's health needs and priorities are best understood by people who live there.

Leadership of each LHIN will be in the hands of a board of directors, comprising a chair and eight board members appointed by the province. Most board meetings will be open to the public to ensure accountability and transparency. Each LHIN

also has a CEO who will report directly to his or her board. The LHINs will operate independently and will be given the flexibility to address unique local population health needs and priorities, within the scope of provincial strategy and priorities.

That said, the government continues to be responsible for providing Ontarians with high quality, accessible health care services, so the LHINs will be required to coordinate

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LHIN boundaries and office locations



Strategy Division (formerly the Integrated Policy and Planning Division). Project manager Kathryn McCulloch credited the tremendous cooperation of groups across the ministry for making it possible to proceed so quickly through the legislative review process.

“It’s really been very much an across-the-ministry type of project,” she emphasized.

In developing the legislation, McCulloch and her team kept in mind the government’s multi-year plan for a health care system that is patient-focused, results-driven, integrated and sustainable.

Barely six months after McCulloch’s team was formed, Smitherman introduced the LHIN legislation at Queen’s Park, on Nov. 24. Amendments, based on feedback received during seven days of public hearings across the province, were later incorporated into the legislation, which received third reading on March 1, 2006.

The act itself is designed to empower the LHINs so they can partner with the ministry to improve the health of Ontarians through better access to health services, more coordinated health care and effective and efficient management at the local level. The legislation is an important part of ministry plans to create a health care system that will be:

- Community-based — engages the local community about needs and priorities
- Collaborative — combines resources of the ministry, LHINs and service providers
- Forward-looking — emphasizes planning and priority setting
- Efficient — allocates funding to achieve priorities
- Accountable — defines expectations and measurement of achievement
- Integrated — coordinates health care with the focus on patient needs.

As the Minister said when the act passed its third reading, “Our government is bringing about a long-overdue evolution of health care in Ontario by building a system around the needs of communities and patients. This legislation will allow important health care decisions to be made locally by people who best understand the needs and priorities of that area. We’re moving toward a system that is better planned, coordinated and accountable.”

Setting regulation and operational policy

Karen Gansel, another project manager with the LHIN Legislation Project, has been leading the effort to draft regulations and operational policies that will help the LHINs carry out the act.

The legislation stated that certain requirements of the LHINs must be set out in separate regulations, she explained. The legislation created a

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framework for how the LHINs will operate, but the regulations would interpret the legislation and provide the specifics. For example, the act stated that each LHIN board must put in place a health professionals advisory committee. The regulation however, will give details as to the committee members’ roles and the qualifications that they must have to be considered for membership on the committee.

“We are developing a policy and interpretation manual that will show the LHINs how the different parts of the legislation will become part of their day-to-day operations,” Gansel said. “To support the LHINs, we will be holding training sessions that will give them more detail on how to take the legislation and regulations and apply them to their daily work.”

The manual will assist the 14 LHINs and ministry staff by clarifying areas such as LHIN governance (who is directing the system and who is responsible for what), planning and community engagement, funding and allocations, accountability (who is accountable for what), integration (who does what) and transition processes. It will incorporate elements of

the work being developed by the Health System Strategy Division, the Corporate Services and Organizational Development Division, the Health Results Team-Information Management and the LHINs.

Funding LHINs

Another major piece of the LHIN initiative is the development of the financial policies and funding arrangements by which the ministry will transfer money to the LHINs so they can, in turn, distribute it to local health care providers. Dawne Kamino leads the LHINs Transition Support Unit of the Corporate Services and Organizational Development Division, which has been working to establish a new funding formula and financial reporting.

Kamino pointed out that there’s a significant advantage to the new model. The way things currently work, each provider has their own independent budget. That often means that they make decisions in isolation, without considering the impact on the community as a whole.

“By having LHINs be responsible for the entire group of providers within their geographic boundary,

they will take a system view,” Kamino explained. “They will put in place practices which encourage organizations to work together.”

She added that the ministry will be able to structure payments to the LHINs to promote the changes it wants to see in the health care system, including the integration of services and the delivery of patient-centred care. The logistics of switching over to a new way of calculating how individual service providers receive funds will certainly be a challenge — but Kamino sees a great opportunity here, too.

“Currently, the individual sectors like hospitals, long-term care homes or mental health facilities, all have their own different funding methodologies which have their own strengths and weaknesses,” she said. “This is an opportunity to take the strengths of each, weigh them against each other and correct any of the weaknesses.”

Meeting information needs and supporting local planning activities

To assist the LHINs in their planning efforts during their start-up period and onwards, it is critical that they have timely access to data and analytical expertise. A “one-window” Information Management Support Centre (IMSC) was launched in February 2006 to help the LHINs connect to the wealth of resources within the ministry.

The new approach — led by Ann-Marie Strapp, director of the Knowledge Management and Reporting Branch (KMRB) of the Health System Strategy Division, and Matt Norton, a policy analyst with the Health Results Team-Information Management (HRT-IM) — was a collaborative effort between these two areas, and more than 20 representatives plus the Finance and Information Management (FIM) Branch from the Acute Services and Community Health Divisions.

The IMSC, a single point of contact for the LHINs to request data, information and analysis, is managed by the Information Management Unit in the FIM Branch and staffed by two information request (IR) coordinators in the branch.

LHIN requests for information come into the ministry through a dedicated phone line and e-mail address. The IR coordinators log the requests and then either handle them or forward them to appropriate areas of the ministry for response. Information that’s ready to go back to the LHINs is posted on a secure virtual workspace called the Health Information Portal, developed by the Health Data and Decision Support Unit of the KMRB.

“One major advantage of a one-window system is that duplicate requests can be managed together,” explained Norton. In addition, each LHIN has easy access to all of the archived data and analysis that

L H I N b e n e f i t s

Here’s how the LHIN system will benefit Ontarians:

- Health care decisions will be made in their community by people who understand the needs of the community
- Services will be coordinated in their community, making them easier to find and access
- No matter where a patient lives and no matter what type of service they need, they will receive the same high standard of care across the province
- Increased accountability at the local level and to the ministry will ensure that resources intended for patients are used for patients.

Want to know more?

To find out more about the Local Health System Integration Act, 2006 and LHINs, click on the Transforming Health Care button on INFOweb’s home page at <http://intra.moh.gov.on.ca/> and select Local Health Integration Networks.

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is available on a particular topic. Together, the IMSC and Health Information Portal were designed to help share knowledge among the LHINs, ministry planners, analysts and decision-makers.

The Health System Intelligence Project (HSIP), part of the province's Information Management Strategy, has also been established to ensure LHINs can benefit from sophisticated health system and population data analysis and results interpretation. The HSIP project team has already produced 14 population health profiles for the LHINs.

"These reports provide the first snapshot of the overall health of Ontarians within each LHIN geographic area, and show how each area measures up to the provincial average," said Steini Brown, Assistant Deputy Minister, Health System Strategy Division, and Information Management Lead, Health Results Team. In all, 10,000 health profiles have been distributed to the LHINs, public health units, academic researchers and within the ministry.

The team has also designed a health analyst's toolkit. The on-line resource provides health planners with a step-by-step guide to analyzing data needed to understand important local health issues. Also available is a comprehensive health planner's toolkit, as well as reports focused on how health services are utilized within communities and the social and demographic determinants of health. For ease of access, all HSIP products are available on the ministry's public website.

A health atlas, produced by the HRT-IM, that enables the LHINs to visualize health care data and information as geographic maps, is also available on-line to the LHINs. This resource will be available to the ministry on INFOweb.

To make certain that high quality, relevant knowledge is transferred from the ministry's seven regional offices to the 14 LHIN offices, management teams of these two groups meet monthly to discuss current activities and initiatives.

"By working together and sharing information, the ministry is ensuring that the LHINs have all the information support they need to complete their planning work and get down to the business of integrating health care services in their regions," said Michael Klejman, regional director of the ministry's Central East region.

Strategic planning

On the planning front, the LHINs are required to develop Integrated Health Service Plans (IHSPs) by this fall and provide them to the ministry. It has been the responsibility of Paech's project team to get them ready for this task. A key step in this



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process was distributing a framework which outlined the ministry's priorities and expectations for the IHSPs.

Louise Lutgens, director of the LHIN project team, said each IHSP will have certain themes in common, including a wait times strategy. On the other hand, each one will also be customized to identify local population health needs and how a specific LHIN will provide for the range of care in its communities. The goal is to ensure that it is easier for patients to navigate through the health care system.

All of the IHSPs will include a vision statement, integration strategies and specific priorities for the LHIN's local health system. They must be consistent with the provincial Health System Strategic Plan (see below), the funding the LHIN receives from the ministry and any applicable regulations. And they must be posted publicly on each LHIN's website, along with the LHIN's accountability agreement with the ministry and service accountability agreements with health service providers.

LHINs are currently at the community engagement stage in developing their IHSPs.

"The LHIN leaders are getting to know their communities by reaching out and having ongoing conversations with the people in their networks," said Lutgens.

Long-term ministry planning

Within the ministry, a group has been established to coordinate and align all of the policy work coming out of the LHIN transition. Called the Policy Alignment and Coordination Team (PACT), it brings together, on a weekly basis, the leads who are working on each aspect of the LHIN initiative to talk about everything from health planning and accountability, to health system integration, funding and allocation and other issues such as governance, communications and stakeholder consultation. This cross-functional team — chaired by Sheree Davis, executive lead of the Strategic Policy and Knowledge Management Group in the Health System Strategy Division — develops policy, identifies gaps and areas of overlap and makes sure the initiatives are aligned.

PACT is an example of the cross-functional teams that will be used to carry out the ministry's work under the new organizational structure. According to Jill Vienneau, manager of the Health System Policy Unit in the Health System Strategy Division, this cross-ministry process has proven very successful and improved the quality of the policy products produced, "because we all benefit from each others' input."

At the same time, while the LHINs work on their IHSPs, the ministry is in the process of developing its own long-term Health System Strategic Plan to be published in the spring of 2007. This work is being led by Davis' group.

"The strategic plan will include a vision, priorities and strategic directions for the health system," said Vienneau. "We also want to include quantifiable system performance expectations. It's important to set the foundation and give the ministry and the health care system a clear strategic focus for the long term."

The ministry will consult broadly as it develops its plan, ensuring it gets the best advice possible from the community, stakeholders, academics, community leaders and other government areas. The end result will be a roadmap towards a health care system that delivers on the

government's commitment to keep Ontarians healthy, reduce wait times and provide better access to doctors and nurses.

"The work of the ministry will support the work of the LHINs," Paech explained. "The work of the LHINs will support the work of the ministry. So it's a two-way dialogue with both sides learning from the other. Now the LHINs are set up in their communities and doing planning. This is making history. It's very exciting."

Preparing for the future

Transforming Ontario's health care system into an efficient, sustainable reality will be an ongoing responsibility for everyone who works at the Ministry of Health and Long-Term Care. The passage of the LHIN legislation and ongoing work within the ministry, to provide the LHINs with the strategic direction and operational tools they need, are important steps towards a health care system to which we can all contribute.

At the end of the day, Smitherman wants to see "a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stakeholders and services — a system driven by the needs of patients, not providers."

Those are words we can all embrace as we move the ministry forward, in its new direction. ■

NEW Directions

NEW Directions, published for employees of the Ministry of Health and Long-Term Care by the Communications and Information Branch, can be read on-line at INFOweb at <http://intra.moh.gov.on.ca/>.

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