

North Simcoe Muskoka Local Health Integration Network

"Working Together to Achieve Better Health, Better Care, Better Value."



**Annual Business Plan
2010 - 2011**

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North Simcoe Muskoka LHIN – Annual Business Plan Context

Mandate and Strategic Directions

The Local Health Integration Network (LHIN) is a regional organization that helps health system partners pull together as one. The LHIN plans, coordinates and funds health services to meet the specific needs of the people in the community.

In North Simcoe Muskoka, it is recognized that a health system better reflects the needs of the community when it is planned, coordinated and funded in an integrated manner, within and by that community.

The North Simcoe Muskoka LHIN launched the second Integrated Health Service Plan (IHSP) 2010 – 2013 on November 30, 2009. This plan, titled, *Working Together to Achieve Better Health, Better Care, Better Value* outlines the health system strategic priorities, the goals to achieve an integrated health system and how success will be measured.

The Plan supports the Ministry's priorities to *improve access to care and to promote equitable access to health and health care for all Ontarians*. North Simcoe Muskoka's Integrated Health Service Plan which is based on local population health needs, health system trends, and stakeholder input, focuses on three strategic priorities.

- Improving access to appropriate care, beginning with the emergency room and alternate level of care settings in the community or home
- Improving chronic disease management beginning with access to integrated diabetes care
- Creating an integrated design for the future health system in North Simcoe Muskoka.

The Integrated Health Service Plan represents the foundation of how the LHIN will work together with our health system partners to improve the patient experience, population health and sustainability of our health system over the next three years – *Working Together North Simcoe Muskoka can achieve Better Health, Better Care, Better Value*.

Overview of NSM LHIN Current and Forthcoming Programs / Activities

The North Simcoe Muskoka LHIN funds 77 health service providers which spans the entire health care continuum in North Simcoe Muskoka. In 2009/2010, we allocated a total of about \$700 million to these local health system partners/programs:

- 7 Hospitals
- 1 Community Care Access Centre (CCAC)
- 38 Community Support Service organizations (CSS)
- 27 Long-Term Care homes (LTC)
- 3 Community Health Centres (CHC)
- 16 Community Mental Health and Addictions agencies (MH&A).

The LHIN does not directly provide health care services. It works with health service providers, social and community care providers, together with municipalities and the public. It sets priorities, plans, and funds health services delivered in North Simcoe Muskoka. The LHIN provides leadership, spurs change, and fosters collaboration among all health system partners. Those include health service providers in the LHIN, plus primary care and public health professionals.

As we look to the future, we need to change the way the health system operates today. The status quo can no longer meet the needs of our population. We need to integrate services across and up and down the health system to make it more efficient and effective. Rather than looking at individual services for a specific group of people or sector, we need to look at the entire system of care that patients, families and caregivers access.

We need the courage to make changes within the funding and resources available now. The public, providers and funders alike clearly want to make the health system here work better. That includes how we coordinate services, manage information and ensure that patients move from one level of care to another smoothly and in a timely way.

To do so, we need to begin operating as a single system across the continuum of care.

To make system-wide changes successful, we need a model to guide how we distribute and integrate services. This model will help us ensure quality health care now that is cost effective and financially sustainable, as well as meeting the future health needs of residents in North Simcoe Muskoka.

Over the next three years, we aim to tangibly improve patient experience, population health and sustainability of the health system. Our local health system partners agree that these are realistic. In order to achieve them we must develop the technology and electronic systems we need for eHealth, and build more accountability at all levels of the health system.

What will Better Health, Better Care and Better Value look like in North Simcoe Muskoka in the next three years?

Better Health

- People will be able to find their way around the health system more easily, no matter where they are in their pathway of care.
- People here will have more options available to get the primary care they need.
- There will be a stronger, more supportive network of community services to serve patients waiting for care.
- People will wait less time in emergency rooms, with fewer people coming into emergency rooms with non-urgent needs as their needs will be met in the community.
- Residents at risk of or living with diabetes will know how, where and from whom to get the care and services they need.
- The community will value education and illness prevention.

Better Care

- Health system partners will pull together, performing as a single, coordinated and integrated system to focus on the needs of the patient.
- Emergency room staff will be able to respond faster to people with emergency and serious health care needs.
- Hospital beds will be more readily available when needed.
- Health professionals will have the skills and tools to share patient diabetes health information electronically.
- People with diabetes will become better self-managers.
- They will find it easier to get consistent and high quality care throughout our local health system.
- eHealth / Technology will be available.

Better Value

- Preventing and managing diabetes well will reduce the personal costs of this disease. It will also decrease the cost to the local health system.
- Reviewing utilization and demand for service across our region will help us understand where services are duplicated, how to avoid waste and deliver services more efficiently.
- Existing resources will be direct where they are most needed and service delivery will be streamlined to best meet the needs of people.
- Strategic investments will help improve capacity and performance in the ER. And inpatient hospital beds will be used for those patients that require that level of care.

The North Simcoe Muskoka Local Health Integration Network Annual Business Plan for 2010-2011 outlines the LHIN's strategic directions for the coming year. It sets out the actions the LHIN is committed to taking in the future and highlights the need to locally develop an integrated design for the future health system in North Simcoe Muskoka.

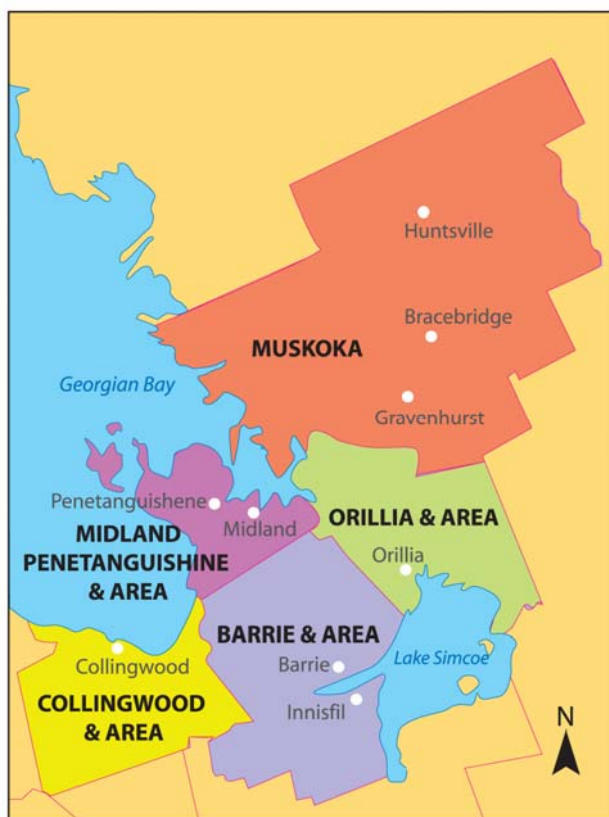


Environmental Scan

Population of North Simcoe Muskoka

The North Simcoe Muskoka LHIN has a base population of 434,619 which is about 3.4% of Ontario's population. It is also cottage and ski country, a favourite place for recreation year round and retirement. As a result, this region attracts many different seasonal residents, tourists and events. For example, the World G8 Government Summit will be held in Muskoka in the summer of 2010. Such factors contribute to large seasonal swings in population and thus in demand for health services. This region is also growing and aging faster than the province as a whole.

- From 2001 to 2007, the population rose 11%. Yet the province's population grew 7.6%. By 2020 the overall population is expected to grow by about 24% in North Simcoe Muskoka.
- Seniors aged 65+ account for 1 • 5.2% of the population. That compares to 13.2% province-wide. In the next 20 years, the 65+ portion of the population in North Simcoe Muskoka is expected to grow almost three times faster than the rest of the region. That will place more demands on health care services.
- The region's base population is less diverse than other parts of Ontario. It has relatively lower numbers of immigrants and visible minorities. But it has a higher share of Aboriginal Peoples – 3.3% versus 1.4% province-wide. French is the mother tongue for about 3% of this region versus 4.4% province-wide.



Key Drivers of Change in North Simcoe Muskoka

The North Simcoe Muskoka LHIN aims to ensure that:

- quality care is delivered to meet local needs
- local health care dollars are spent wisely and appropriately
- care is accessible, well coordinated and sustainable.

Several factors drive the cost of health care up in our community. The top ones are population growth and aging, chronic disease, mental health challenges and addictions, and higher utilization of services. It is also an ongoing struggle to attract and keep health service providers. These factors have a big impact on planning and making changes or improvements within our region.

Costs continue to rise. At the same time, the dollars available from the government to fund health care are also under pressure. Thus, making changes or improvements to the health system will require some new thinking. We need innovative solutions that work within the limitations of today's funding.

Health service providers in the North Simcoe Muskoka LHIN need to rise to that challenge. They need to manage the conditions that drive up health care costs. At the same time, they are accountable for maintaining balanced budgets.

We must all work together to make real changes in our health system in North Simcoe Muskoka, which includes community organizations and health service providers. It also includes patients and people who live across our region and beyond, as well as public health, physicians and municipalities.

To achieve this end, communication, collaboration, coaching and empowerment will be required as the key factors to achieve success.



Annual Business Plan – Core Content

Integrated Health Service Plan Priorities (2010 – 2013)

The North Simcoe Muskoka LHIN will focus on three priorities over the next three years. That way, we can make measurable improvements in the patient experience, population health and sustainability of the health system.

These three priorities reflect our vision for North Simcoe of fully integrating the health system here by 2020.

Access to Appropriate Care – Emergency Room / Alternate Level of Care Strategy

IHSP Priority: Improving access to appropriate care, beginning with the emergency room and alternate level of care settings in the community or home.

IHSP Priority Description:

Individuals expect access to appropriate care, whether it is timely access to care in the Emergency Room or timely discharge from hospital when they no longer require hospital level of care and require an alternate level of care.

The North Simcoe Muskoka LHIN ER/ALC Strategy is based on the first integrated health service priority and will tackle this by focusing on three key goals:

- Reduce emergency room demand with a focus on diverting people from the emergency room
- Build capacity and improve performance in the emergency room with a focus on designing and improving how we communicate about and deal with patient needs
- Improve bed utilization – ensure patients receive the right care for their conditions with a focus on ways to eliminate and/or delay the need to place people into long-term care homes

Current Status

The North Simcoe Muskoka LHIN provides a large number of services through hospitals, the Community Care Access Centre (CCAC), long-term care homes and community support agencies which are designed to improve emergency room wait times and alternate level of care days.

Services which impact ER/ALC are provided through base funding as well as Aging at Home, Urgent Priorities Fund, Nurse Led Long-Term Care Outreach Teams, Emergency Room Pay for Results and Emergency Department Process Improvement Program.

The North Simcoe Muskoka LHIN ER/ALC Steering Committee has been meeting since May 2009 and has developed the ER/ALC 3 Year Strategy 2010 – 2013 (Appendix 1) The document can be found on the North Simcoe Muskoka LHIN website as a supporting technical document to the Integrated Health Service Plan.

All services funded through the North Simcoe Muskoka LHIN have some impact on ER/ALC by supporting clients in the community or long term care, by diverting them from the emergency room to other services, by providing timely service and discharge from the emergency room or by supporting clients to safely transition back to community or long term care. Included is the North Simcoe Muskoka LHIN Funded Health Service Providers by Geographic Area list (Appendix 2).

In 2009/2010, about \$700 million was allocated to these health system partners: 7 hospitals, 1 CCAC, 38 Community Support Service Organizations, 27 Long-Term Care Homes, 3 Community Health Centres and 16 Community Mental Health and Addictions Agencies.

There are a number of key issues related to ER/ALC. The appropriate services must be in place across the health care continuum in order to provide services to clients in the right place, at the right time. This includes community services to support clients in their home, diversion strategies in order to provide services outside the emergency room, strategies to facilitate timely discharge from the emergency room or hospital and the availability of appropriate resources upon discharge.

There have been many successes over the past year.

1. The creation of the North Simcoe Muskoka LHIN ER/ALC Steering Committee and Charter.
2. The development of the North Simcoe Muskoka LHIN's ER/ALC 3 Year Strategy 2010-2013.
3. The funding of many initiatives specifically designed to impact ER/ALC through Aging at Home, Urgent Priorities Fund, Nurse Led Long-Term Care Outreach Teams, ER Pay for Results and ED Performance Improvement funding. (Refer to the North Simcoe Muskoka LHIN ER/ALC Strategy Goals document – Appendix 3).
4. Successfully reducing the time spent in the emergency room for High Acuity clients to 8.7 hours in Q1 09/10 (just above the provincial target of 8 hours).
5. Successfully reducing the time spent in the emergency room for Low Acuity clients to 3.9 hours in Q1 09/10 (which is under the provincial target of 4 hours).

GOALS and ACTION PLANS

Goal (s)

As per the North Simcoe Muskoka LHIN's ER/ALC Strategy there are three specific goals designed to impact ER/ALC.

1. Reduce emergency room demand with a focus on diverting people from the emergency room
2. Build capacity and improve performance in the emergency room with a focus on designing and improving how we communicate about and deal with patient needs
3. Improve bed utilization – ensure patients receive the right care for their conditions with a focus on ways to eliminate and/or delay the need to place people into long-term care homes

Consistency with Government Priorities:

These goals align with the government's priority of reducing emergency room wait times and with the Ministry of Health and Long Term Care priorities of reducing wait times in emergency departments and reducing time patients spend in alternate level of care beds in hospitals.

Action Plans/Interventions

Action Plans / Interventions:

The North Simcoe Muskoka LHIN's ER/ALC Strategy articulates Goals, Indicators and Targets for each of the next 3 years. The North Simcoe Muskoka LHIN ER/ALC Strategy Goals document detail how the strategy is going to be achieved.

In addition to these actions and interventions, the LHIN is going to focus on ER/ALC from a system's perspective by undertaking these additional activities.

- Apply a Project Management framework to all activities impacting ER/ALC in order to facilitate easier coordination and reporting of metrics – completed by 31 March 2010
- Align the ER/ALC funded projects and metrics to each of the three ER/ALC Strategy Goals, Indicators and Targets – completed by 31 May 2010
- Review all funded projects and metrics aligned with each of the three ER/ALC Strategy Goals, to ensure it is having a positive impact on the ER/ALC Strategy Goals, Indicators and Targets. Take appropriate action as required. – Quarterly

Action Plan: See table on next page outlining the three year action plan for each goal. The goals and action plans correspond and are identified with a number, as outlined below.

1. Reduce emergency room demand with a focus on diverting people from the emergency room
2. Build capacity and improve performance in the emergency room with a focus on designing and improving how we communicate about and deal with patient needs
3. Improve bed utilization – ensure patients receive the right care for their conditions with a focus on ways to eliminate and/or delay the need to place people into long-term care homes

	ER / ALC Indicators	Baseline (2008/09)	Current Performance	Year 1 (2010- 11) Target	Year 2 (2011- 12) Target	Year 3 (2012- 13) Target	% Completion			
							Year 1	Year 2	Year 3	Total Reduction
1.1	ACSC	343.23	343.23	300	250	200	30%	65%	100%	143.23
1.2	Falls – related ER visits/100,000 population 65 + (Targets Under Development)	6145.6	TBD	TBD	TBD	TBD				0
1.3	Unscheduled ER visits/1,000 population	534 visits per 1000 Annually	128/1,000 (08/09 Q4) 534/1000 (08/09)	525/1,000	500/1000	490/1000	20%	77%	100%	128
2.1	Proportion of Admitted patients treated within the LOS target of ≤ 8 hours	40.00%	52.78% (09/10 Q1)	46% treated within ≤ 8 hrs.	50% treated within ≤ 8 hrs.	55% treated within ≤ 8 hrs.	40%	67%	100%	-15
2.2	Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of ≤ 8 hours for CTAS I-II and ≤ 6 hours for CTAS III	87.00%	90.48% (09/10 Q1)	92% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.	63%	100%	100%	-8
2.3	Proportion of Non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of ≤ 4 hours	88.00%	90.69% (09/10 Q1)	93% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.	71%	100%	100%	-7
2.4	Patient Satisfaction	83% Positive / 24% Excellent	83% Positive / 24% Excellent (Q4 08/09)	85% Positive	88 % Positive	90% Positive	29%	71%	100%	-7
	2.4.1 ER Satisfaction			25% Excellent	30 % Excellent	35% Excellent	9%	55%	100%	-11
3.1	% ALC days	20.67% (08/09)	18.9% (Q2 08/09)[1]	16% ALC days	13% ALC days	9.5% ALC days	42%	69%	100%	11.17
3.2	ALC Length of Stay	52 days (08/09)	44 Days (Q4 08/09)	45 days	40 days	30 days	32%	55%	100%	22
3.3	Median Wait time to LTC home placement	160 days (08/09)	120 days (Q1 09/10)	120 days	90 days	60 days (provincial target 09/10 = 30 days)	40%	70%	100%	100

[1] Data available only from active/undischarged patients as established by NSM Weekly ALC Reporting

Expected Impacts of Key Action Items

Please refer to the table on previous page and the North Simcoe Muskoka ER/ALC Strategy Goals document for these details.

What are the risks/barriers to successful implementation?

There are several main risks which have the potential to impact the North Simcoe Muskoka LHIN's achievement of the ER/ALC Goals, Indicators and Targets.

- One or more of the assumptions are not realized in terms of funding or operations.
- There is a significant and unexpected event which puts additional strain on the local health system, impacting hospital emergency departments or alternate level of care days.
- The G8 Summit in June 2010 has the potential to impact emergency room wait times and alternate level of care days, depending on the demand on hospitals in North Simcoe Muskoka.
- The third wave of the H1N1 Influenza Pandemic potentially in the spring of 2010. The first and second wave demonstrated a significant burden on hospitals and has the potential to do so again, thus increasing ER wait times and ALC beds.

Mitigation Strategies will depend on the type of risk or event impacting the ER/ALC Goals, Indicators and Targets. They include:

- Monitoring of ER/ALC goals, indicators and targets with regular reporting.
- Monitoring of the initiatives impacting the ER/ALC goals, indicators and targets to determine their impact on ER/ALC. This includes Aging at Home, Urgent Priorities Fund, Nurse Led Long-Term Care Outreach Teams, Emergency Department Pay for Results and Emergency Department Process Improvement Plan.
- Realigning initiatives which do not meet their intended targets.
- Assessing any significant or unexpected event which puts strain on the health care system and determining the appropriate response.
- Developing and implementing G8 contingency plans in order to minimize impact on the hospitals in North Simcoe Muskoka.
- Implementing strategies in the Ontario Health Plan for an Influenza Pandemic and the Simcoe Muskoka Health Sector Emergency Plan Pandemic Plan such as the use of Flu Assessment Centres and Immunization Clinics to reduce the burden on hospitals.

Chronic Disease Management - Access to Integrated Diabetes Care

IHSP Priority: Improving chronic disease management, beginning with access to integrated diabetes care.

IHSP Priority Description:

Improvement in the management and prevention of chronic disease is a priority area of focus for the North Simcoe Muskoka LHIN, given the relatively high and growing proportion of seniors and the high prevalence of (a) risk factors for chronic diseases such as smoking, heavy drinking and obesity and (b) chronic conditions of arthritis, hypertension, asthma, heart disease, diabetes, depression, chronic obstructive pulmonary disease and cancer.

North Simcoe Muskoka LHIN supports the Ontario Diabetes Strategy and will help local communities to expand in services for people at risk of or living with diabetes. Focus will be on helping individuals to better manage their condition(s) and the integration and coordination of care and self-management supports across the continuum of care, from wellness care, to illness care, to rehabilitative care and ending with supportive care. We aim to increase access to integrated diabetes care and education through strengthening partnerships and building capacity across the system over the next three years.

The two goals identified in achieving better health, better care and better value in the lens of diabetes in support of the provincial strategy are to:

- Improve the delivery of diabetes care in North Simcoe Muskoka; and
- Improve the management and quality of diabetes care in North Simcoe Muskoka.

Current Status:

Chronic disease is a major cost pressure in North Simcoe Muskoka. Of our population, 76% of residents 12 years of age and older reported having at least **one** chronic condition.¹ Overall mortality rates for diabetes, ischemic heart disease (IHD) and COPD are higher than provincial rates. Hospital separation rates (diabetes, IHD, stroke, depression and COPD) and emergency notably higher than that of the province.²

Service for Local Residents

Currently the Ministry provides priority program funding for seven diabetes education and management programs in North Simcoe Muskoka. These dollars flow through either the Barrie Community Health Centre (CHC), hospitals, the North Simcoe Family Health Team (FHT) or the Northern Diabetes Health Network (NDHN). There are six FHTs all providing diabetes programs to their rostered clients. A large Family Health Network (FHN) comprised of 21 physicians delivers outreach to their patients with diabetes through the Orillia Diabetes Education Centre (DEC).

In support of the roll-out of the Ontario Diabetes Strategy (ODS):

- Two expansion teams were awarded to the Barrie and Community Health Centre (BCHC) and the Diabetes Education Centre of the Orillia Soldiers' Memorial Hospital (OSMH).
- Local providers have been engaged and a proposal from North Simcoe Muskoka will be submitted to the Ministry identifying interest of a local provider to host the Regional Diabetes Coordination Centre and commence the hiring of support staff for this model in 2009/10 and 2010/11.

¹ Health System Intelligence Project, October 2007; CCHS 3.1, 2005

² Health Analytics Branch, Ministry of Health and Long-Term Care, Chronic Conditions updated August, 2009

- The LHIN commissioned a diabetes self-management regional scan on services. The report recommendations highlight the importance of local collaboratives in each of the five geographic areas to plan and address gaps in the coordination and integration of diabetes self-management supports (e.g., Stanford Programs) across the continuum of care.

To support the ODS, the Regional Kidney Care Program was engaged early in the transition to the Ontario Renal Network model and has successfully progressed through the selection of a Regional Administrative Director for North Simcoe Muskoka.

Table 1 provides a high level summary of core diabetes services and providers in each of the five geographic areas. The location of Ministry funded diabetes education/ management centres and health human resources (FTEs) are included with the incorporation of two recently announced diabetes expansion teams.

Table 1: Core Diabetes Education / Management Centres by Location with Additional Geographic Descriptors.

	Muskoka	Orillia & Area	Midland / Penetanguishene & Area	Collingwood & Area	Barrie & Area
Acute Care Hospital	√	√	√	√	√
Regional Kidney Program with Satellites	√	√	√	√	√
Community Health Centres (CHC)			√	√	√
Family Health Team / Network (FHT/FHN)	2 FHT	1 FHT 1 FHN	1 FHT	1 FHT	1 FHT
First Nation Population	2	1	1		
MOH Funded priority program diabetes education centres	2 Bracebridge/ Huntsville via NDHN	1 via Hospital	1 via FHT	1 via Hospital	2 via Hospital and CHC
Diabetic Population serviced through Ministry funded Diabetes Education Centres. Annual Program Caseloads	Bracebridge 1,416 (488 Gravenhurst Huntsville	Adult = 2,670; Paediatric = 199			4,424 (18 + years)
MOH funded DEC staff (B – Bracebridge part-time program; H- Huntsville)	1 RN (B) 0.4 RD 1 RN (H) 0.9 RD	3.2 RN 3.4 RD	0.5 RN 1.2 RD	1 RN 1 RD	3 RN 3 RD

Self-Management in North Simcoe Muskoka and Opportunities

The LHIN had reviewed self-management supports related to diabetes, which enabled the focus on a comprehensive integrated approach to self-management. This approach will promote improved access and coordination across the care continuum and an inclusive role with broader system partners. This will promote chronic disease self-management and build capacity towards a truly integrated system for diabetes care.

More specifically, a focus on self-management and self-management supports will enable behaviour change, consistency in the development of care plans and facilitate the adoption of the eHealth

Strategy's diabetes portal for both providers and patients.

Locally, next steps are focused on the development of a self-management task-group with a role in the identification of strategic directions towards the implementation of an integrated system with identification of the self-management intersects across the continuum of care.

In Barrie and Area, the Stanford Chronic Disease Self-Management Program runs through the Barrie Community Health Centre. Provincially, this program was selected as 1 of 7 case stories to illustrate the provincial Chronic Disease Prevention and Management Framework. The valuable learnings and evidence supporting this patient-centred care program is a best practice model which can be shared and adopted locally. The impacts of this type of self-management approach, as well as others being offered in North Simcoe Muskoka allow individuals the confidence to manage their disease in the community as opposed to an unnecessary visit to the emergency room for care.

Additionally, the Central East LHIN runs both a Self-Management Program and Diabetes Self-Management Program. Due to its close geographical proximity to the NSM LHIN, collaboration could be explored regarding access to Central East trainers.

Diabetes Clinical Indicator Data for North Simcoe Muskoka

As identified in the eHealth Ontario Diabetes Care Report (July, 2009), there are 906,557 individuals living with diabetes identified in Ontario as of March 1, 2009. Refer to Table 2 for a comparison of diabetes clinical indicators by North Simcoe Muskoka and Ontario (approximately 25,000 identified residents with diabetes captured at the time of this report).

Table 2: Diabetes Clinical Indicators Compared For North Simcoe Muskoka and Ontario, 2009.

	Individuals Living with Diabetes	A1C Test in Last 6 Months	LDL Test in last 12 Months	Retinal Eye Examin in last 24 Months	All 3 Indicators within Guidelines
NSM	25,439	48%	55.4%	67.3%	30.6%
Ontario	906,577	55.1%	67.8%	64.3%	35.9%

In North Simcoe Muskoka, many chronic conditions such as diabetes, arthritis and hypertension have increased and remained higher than the provincial level. In 2005, North Simcoe Muskoka had more women (6%) diagnosed with diabetes than men (5%). While the rate for women has stayed the same from 2005 to 2007, the male rate has gone up from 5% in 2005 to 8% in 2007. Additionally, it is recognized that the number of individuals living with diabetes and unattached patients with diabetes is undercounted in North Simcoe Muskoka.

Challenges Faced Locally

Pressures to note include the unique population of Base Borden, the transient student population in Barrie and surrounding area associated with Georgian College and the current developing Lakehead University campus in Orillia.

The geography of this LHIN creates transportation challenges particularly in the District of Muskoka, the community of Wasaga Beach and access to Christian Island. Seasonal weather and traffic creates challenges for people to get to medical appointments outside of their home community and impacts the quality of care they receive should they miss appointments.

Other challenges identified through our local scan conducted in 2009 are:

- Salary inequity between positions in hospitals, FHTs, and community (i.e., CHCs) create recruitment retention issues;
- Unattached patients do not have an entry point to a patient-centered multidisciplinary setting;
- With different funding and staffing models associated to diabetes care, standardization is an issue;
- There is a need for more comprehensive Diabetes Management Centres beyond the currently funded RN and RD positions (to include psychiatry/psychology, social work, physiotherapy, recreation therapy, podiatry/chiropractic, pharmacy, optometry / ophthalmology), as not all geographic areas of the LHIN have full complement of multidisciplinary team for diabetes management;
- A social services link with diabetes management education would be beneficial to provide hands on, life care skills;
- A gap in training and consistent messaging for providers outside the direct care of diabetes;
- Increasing wait lists due to complex caseloads requiring longer visits/interventions;
- A shortage of Health Human Resources – Clinical Diabetes Educators and specialists exists resulting in delayed access or transit to specialists required;
- Access/ linkage to mental health services and follow-up;
- Information and further education on self-management supports is needed;
- Family physicians require training and education to provide more effective management of patients with diabetes;
- No short-term and long-term standardized performance indicators exist;
- Gap in diabetic care for young people living with diabetes who are attending post secondary educational institutions away from their main health care providers;
- Ensure people receiving home care and/or end stages diabetes (palliative care) are receiving the appropriate support;
- Within Diabetes Education Programs outside of FHTs, yearly follow up and recall is difficult to maintain due to lack of hours and appropriate recall mechanisms;
- Regional Diabetes Network of stakeholders does not exist; and
- There is a lack of formalized integrated chronic disease management programs (e.g., diabetes, nephrology, and cardiology). For instance, vascular health initiatives and vascular secondary prevention serves diabetics as well (cardiac rehabilitation and stroke clinics).

Success Stories

- Increased access to primary care and health human resources through operationalization of two new Community Health Centres (CHCs) in Wasaga Beach and Midland.
- North Simcoe Muskoka Integrated Cardiac Service Steering Committee was formed in June, 2009. As of October, 2009 it is now called the North Simcoe Muskoka Integrated Cardiovascular Steering Committee. The purpose is to undertake the design of a comprehensive cardiac program North Simcoe Muskoka. The objective is to meet the needs of local residents across the full continuum. This initiative compliments a major priority of the LHIN – the development of an 'Integrated Health System Design'.
- Health Care Connect has matched 173 of 597 unattached patients since February, 2009.
- Metis and Urban Aboriginal Home Care Program is running at full capacity to encourage independence, ensure personal dignity and provide cultural choice while offering support services for daily living.

- The Re-ACT Project currently has 97 active clients. Of the 110 clients who were admitted to the program, thirty-one (31) had diabetes and 59 of the 130 clients live with cardiac disease. Intervention outcomes to date show that 69 clients were empowered to better self-manage their chronic disease, and two removed their names from the long-term care home wait list.
- Two nurse-led outreach team initiatives are underway, which target the monitoring of long-term care home residents with conditions that may exacerbate and result in a preventable transfer to an emergency department or hospital admission.
- Two Nurse Practitioner led Clinics were awarded to Oro-Medonte (Orillia & Area) and Georgian College (Barrie & Area).

GOALS and ACTION PLANS

Goal (s)

The North Simcoe Muskoka LHIN will support the provincial Diabetes Strategy locally, across our communities to increased access to integrated diabetes care and education in support of the rollout of the ODS.

The NSM has two overarching Diabetes Goals to achieving better health, better care, better value:

- Enhance the delivery of diabetes care in North Simcoe Muskoka
- Enhance the management and quality of diabetes care in North Simcoe Muskoka.

Consistency with Government Priorities:

The Ontario Diabetes 4-year Strategy targets the prevention, management and treatment of diabetes. The LHINs are partners in achieving better health through assistance in determining local population needs, service gaps in care and improving access to services. Action plans and interventions in North Simcoe Muskoka support the roll-out of the Diabetes Strategy and compliment its goal ***“To improve the health and health care for Ontarians living with diabetes and at high risk for developing diabetes”***.

The North Simcoe Muskoka LHIN’s activities are aligned to the strategic components and delivery streams of the ODS. As we are not one of the ‘early adopter’ LHINs, the majority of activities in 2010/11 will be directed at supporting service expansion and integration / coordination, education, chronic kidney disease, and the diabetes registry when ready. Over the next year, the local health system will have experienced improvements in clinical, functional and population health outcomes to enable:

- Informed, activated individuals and families
- Prepared, proactive practice teams, and
- Activated communities and prepared, proactive community partners.

Action Plans/Interventions			
Action Plans/ Interventions:			
	2010-11	2011-12	2012-13
GOAL 1: Enhance the delivery of diabetes care in NSM			
Establish local diabetes networks / collaboratives in each of the 5 Geographic LHIN areas (already 20% complete).	80%		
Improve the design of the delivery system for diabetes care through an integrated framework to enhance self-management practices/supports across the continuum of care.	25%	75%	
Implement a regional process (i.e., identification and referral) to improve access and awareness of self-management programs in North Simcoe Muskoka.	50%	50%	
Build local HHR capacity and increase residents' access to primary care, diabetes education and services in Wasaga Beach and Midland through two new CHCs.	75%	25%	
Support the roll-out of the current Ontario Diabetes Strategy (5% complete 2009/10).	75%	20%	
Support the roll-out of the Ontario Renal Network model for the North Simcoe Muskoka Regional Chronic Kidney Program (10% complete 2009/10).	80%	10%	
Goal 2: Enhance the management and quality of diabetes care in North Simcoe Muskoka			
Partner with a fully staffed and operating Regional Coordination Centre to help service providers use common tools, processes, education & screening particularly with high-risk, high-needs and isolated groups.	50%	50%	
Identify and implement an Aboriginal Diabetes indicator.	75%	25%	
Facilitate the education and utilization of the provincial electronic diabetes registry by patients and providers.	10%	40%	50%
Identify and include a diabetes care indicator in service accountability agreements/system performance with local HSPs. (5% achieved to date – CHC MSAA)	25%	30%	40%
Reduced emergency department visits and hospitalizations by individuals with diabetes and diabetes related complications.	25%	50%	25%

Expected Impacts of Key Action Items

Commitments to key action items identified to expand and improve integrated diabetes care in North Simcoe Muskoka are in alignment to the provincial diabetes and eHealth Strategies, the CDPM Framework and local projects to reduce ER wait times and ALC length of stay. The identification of success in North Simcoe Muskoka will be through the expected impact of key action items specific to each goal.

GOAL 1: Enhance the delivery of diabetes care

- Decrease in the percentage of residents with diabetes, per year, who do not have a primary care provider;
- Increase in the number of people with diabetes evaluated by a qualified interdisciplinary team; and
- Increase patient satisfaction in care they manage and receive.

GOAL 2: Enhance the management and quality of diabetes care

- Reduced / fewer complications and better outcomes related to diabetes care (e.g., less foot infections, ulcers, amputations, stroke and heart attacks);
- Reduced emergency room visits and hospitalizations by individuals with diabetes, and diabetes-related complications;
- Residents with diabetes are better prepared to manage their diabetes according to clinical practice guidelines; and
- Residents and local health service providers use the diabetes portal and registry (when available).

Recognizing that the Ministry's Health Analytics and ODS Implementation Branches are working to establish baseline rates for diabetes indicators in order to provide provincial and LHIN level estimates, local level data collection is not projected to be required. As a result, the LHIN will keep abreast of the development of short, intermediate and long-term measures and partner with the appropriate contacts (e.g., eHealth Ontario, Health Analytics, Regional Coordination Centre Administrative Leads) to build a more accurate picture of diabetes in and across North Simcoe Muskoka and in comparison to Ontario.

What are the risks/barriers to successful implementation?

In addition to the challenges identified previously, success in achieving goals and outcomes desired related to diabetes access to care and management are dependent on mitigating the following risks/barriers to successful implementation:

- Human capital – access to and availability of health providers to direct care and support services to individuals at risk of and living with diabetes;
- The rollout and adoption of eHealth initiatives (i.e., online diabetes registry, local Health E tactical plan);
- Readiness of both residents/patients and providers to utilize the online diabetes registry when available;
- A sustainably funded Regional Coordination Centre to attract and maintain local champions recruited to facilitate relationships, coordinated care and standardization of tools and practices for individuals at risk of and living with diabetes.

- Measurable indicators at a local level to form a baseline and comparison over time;
- The identification and successful attachment of patients with diabetes to an available/ accessible primary care provider; and
- Pressures associated to an aging population with more complex care needs (e.g., multiple co-morbidities, medications), which requires more provider time (visit duration) as is associated to wait lists and a decrease in number of clients (volume), programs are able to support.

Designing an Integrated Future State of the Health System in North Simcoe Muskoka

IHSP Priority: Creating an integrated design for the future health system in North Simcoe Muskoka. ***"North Simcoe Muskoka Care Connections: Partnering for Healthy Communities."***

IHSP Priority Description:

The Integrated Health System Design (IHSD) is a 10-year plan which will set out short, medium and long-term goals. It will outline what that system will require and how it can be successfully achieved in North Simcoe Muskoka (NSM).

In response to needs identified through broad stakeholder engagement over the past three years, the IHSD will provide a system of coordinated health care services and self-care options. This system should keep people healthy and take care of them when they become ill. It should provide a supportive environment to help them maintain better health through all stages of life.

The Integrated Health System Design will identify core local services that are required in each of the five geographic areas in North Simcoe Muskoka. It will specify regional health programs across the North Simcoe Muskoka LHIN and with other LHINs or the province. It will also identify the specific services to be included in each program. Those programs and their services will each span the continuum of care to focus on meeting the projected needs of people here. The continuum of care for people ranges from wellness care to illness care, rehabilitation and supportive care. We will determine specialized care required in our region. As well, we will identify specialized care that needs to be accessed outside of North Simcoe Muskoka.

Regional health programs will work across sectors where health care is traditionally delivered. Those include care in the community, primary care, hospital care and long-term care. It may also include services beyond those sectors, such as public health. We will tailor our regional programs to the needs of target groups in our community. Those include seniors, people with mental health challenges and addictions, and those with specific chronic diseases such as diabetes.

The North Simcoe Muskoka LHIN and its partners will create a common framework to govern and account for these programs. We will work with neighbouring LHINs and provincial programs to create an inclusive plan to include those services that we are not able to offer in North Simcoe Muskoka at this time. Throughout the development of the design, we will explore opportunities to integrate information and services related to other determinants of health.

Health-e technology foundations and linkages will enable improved capacity and information flow within the system. An improved transportation system will also be developed to support a strong, yet flexible health system.

System sustainability will be enhanced through viable inter-professional health collaboration, standardized care pathways and funding mechanisms designed to move people to the right place, for the right care, by the right persons, at the right time.

Developing eHealth – Foundation to Integrated Health System Success

The Ontario government approved the eHealth Strategy in May 2008, which eHealth Ontario updated in April 2009. The strategy includes a secure and private electronic system focused on patients that will change the way Ontarians receive care. eHealth will improve and change Ontario's health care system. It will help the government and North Simcoe Muskoka LHIN achieve their three priorities by:

- supporting patients to age at home
- focusing on prevention and management of diabetes and other chronic diseases
- improving access to family health care
- ensuring an electronic health record for all Ontarians by 2015.

Current Status

North Simcoe Muskoka LHIN funded health service providers include Hospitals, the CCAC, Long-Term Care homes and Community Support Service organizations (including Community Health Centres and Mental Health and Addiction agencies). In September 2009, the North Simcoe Muskoka LHIN Leadership Council was formed. With executive representation from all sectors involved in delivery of health care services, public health, primary care, municipal, aboriginal and francophone programs, this Council will lead both vertical and horizontal integration initiatives across the North Simcoe Muskoka LHIN. The Council serves as the Steering Committee for the IHSD.

In January 2010, a national consulting firm was engaged by the LHIN to support all stakeholders in development of the Integrated Health System Design. Building on existing foundational work and evolving integration initiatives across sectors, across the LHIN, and other LHINs, the IHSD will work with the public and all LHIN funded and LHIN non-funded health care providers to design a seamless, integrated system of care for the populations served in North Simcoe Muskoka.

GOALS and ACTION PLANS

Goal (s)

Deliverables to be completed in 12 months, January 2010 to January 2011, include:

- Development of a foundational framework including key definitions, planning assumptions, design principles, system outcome goals, decision making process and criteria to guide selection and development of the future IHSD,
- Identification of the current state of the configuration and utilization of primary care, community care, long term care and hospital based health services across the LHIN,
- Assessment of existing integration initiatives currently underway within the North Simcoe Muskoka LHIN, and at a regional and province-wide level as potential program or service models within the future state,
- Identification and assessment of gaps between the current and preferred future state; to determine opportunities and critical success factors for closing the gaps,
- Establishment of a framework for identifying the role within the IHSD of LHIN funded health service provider organizations and the roles of non-LHIN funded health system partners (e.g. ambulance services, family health teams and other primary care providers, public health, children and youth services, justice, education services, housing, transportation, etc),
- Identification and consensus by all providers and the public on a preferred future Integrated Health System Design, incorporating achievable integration strategies for North Simcoe Muskoka in a 10 year horizon. This model will support the realization of identified health system priorities of the North Simcoe Muskoka LHIN and the 10 year strategic directions of the Ministry of Health and Long Term Care (MOHLTC) for the broader provincial health system,
- Development of a sustainable short, medium and long-term health services implementation and evaluation plan,

- Development of a supportive inter-professional health human resources strategy to achieve the preferred integrated health system model,
- Development of a supporting and ongoing system wide: 1) Stakeholder Engagement and Communication plan, and a 2) Change Management strategy and plan.

During the following two years (2011/12 and 2012/13), implementation and evaluation of the short, medium and long term objectives will be initiated.

eHealth Framework

The North Simcoe Muskoka LHIN will identify ways to support new approaches to manage information electronically across this region. It has adapted the provincial eHealth Strategy into a LHIN-based plan, our 'Health-e' Strategy. The name reflects our focus: improving the health experience in the long-term for people in the region.

How will we achieve this?

Urge health service providers to work together and invest in eHealth.

- computerize manual processes
- share data
- collaborate and improve.

eHealth will directly support an effective, Integrated Health System.

Consistency with Government Priorities:

Building on initiatives and partnerships already established across the province, the North Simcoe Muskoka LHIN Integrated Health System Design aligns with the broad vision for the future of health care in Ontario, improving the delivery of health care, building a sustainable system to manage local health care delivery and reporting on results to demonstrate accountability.

In addition, the IHSD will build on or align with existing or evolving programs included in the

- Ontario Health Care Plan 2020,
- Rural and Northern Health Care Plan 2010,
- Mental Health and Addiction Strategy 2010,
- Cancer Care Ontario Regional Systemic Treatment Program,
- Other Cancer Care Ontario Programs,
- Ontario Renal Network,
- Ontario Stroke Network (Central East Regional Program),
- Ontario Bone and Joint Network,
- Ontario Critical Care Strategy,
- Provincial Council for Maternal and Child Health,
- And others identified throughout the development of the IHSD.

Action Plans/Interventions			
Action Plans/ Interventions			
	2010-11	2011-12	2012-13
<i>Phase 1: Project Launch (2 – 4 weeks)</i> - Project Management - Data Analysis - Stakeholder Consultations - Health Service Planning (foundational framework / decision making) - Change Management Strategy - Health Services Provider Survey (current state inventory of services) - LHIN Leadership Council (validate work / decisions)	100%		
<i>Phase 2: Setting the Foundation (6-8 weeks)</i> - Current State Profile Analysis - Stakeholder Consultations (all sectors and public) - Current State Inventory Analysis - Base-case Future State projections (population and programs) - Cross-jurisdictional Leading Practice Review - Communications Plan - Change Management Plan - Leadership Council (validate work / decisions)	100%		
<i>Phase 3: Development of Future State Models for Health Programs (16 – 24 weeks)</i> - Stakeholder Symposium (validate development and decisions) - Refinement Sessions (stakeholders – clinical and non-clinical) - Health Service Planning - Change Management Strategy - Communications Plan - LHIN Leadership Council meetings (validate work / decisions)	100%		

Phase 4: Implementation Planning and Final Reporting (10 – 12 weeks) - Validation / Implementation Planning with Leadership Council - Health Human Resources Strategy - Final Reporting - Communications Plan	100%		
Implementation of Short Term (1-2 yrs) Plans		50%	50%

Expected Impacts of Key Action Items

The Integrated Health System Design will

- Outline the services and programs being delivered now, in what regions they are offered, and how they are to be managed to avoid duplication and waste.
- Define specific performance measures, such as how long it should take people to access care in hospital, community or long-term care.
- Provide a multi-year roadmap that will guide how we make and assess system changes and their effects on the health of people here.
- Inform and provide better access to appropriate acute care when needed, more care in the community and better supports for managing their own health.
- Enable health system partners to collaborate regularly and share patient information securely, using integrated information systems and technology.
- Provide residents with the information needed to access care through:
 - local health and related services in their geographic area
 - core health care services provided in all areas across the LHIN
 - regional health care services provided in North Simcoe Muskoka
 - specialized health care services offered in the region or in neighbouring regions

The IHSD will determine the demand for those services, their costs, and where they are best delivered, so funding can be allocated effectively.

Working together, the people of North Simcoe Muskoka can achieve Better Health, Better Care, and Better Value.

Operational/outcome metrics will be developed across all aspects of the IHSD.

What are the risks/barriers to successful implementation?

Possible risks/barriers to development of the IHSD in the first year (2010-2011) include:

- degree of commitment of stakeholders and public to consider alternate models of care
- degree of commitment of health service providers to initiate or improve eHealth/IT strategies across the LHINs (significant enabler of the IHSD that needs to be developed during the design phases).

LHIN Operations and Staffing

Template B: LHIN Operations Spending Plan					
LHIN Operations Sub-Category (\$)	2008/9 Actuals	2009/10 Allocation	2010/11 Planned Expenses	2011/12 Planned Expenses	2012/13 Planned Expenses
Salaries and Wages	2,013,927	2,092,968	2,368,870	2,440,865	2,514,299
Employee Benefits					
HOOPP	197,848	209,297	236,887	244,086	251,430
Other Benefits	272,444	251,222	284,264	292,904	301,716
Total Employee Benefits	470,292	460,519	521,151	536,990	553,146
Transportation and Communication					
Staff Travel	48,531	43,000	43,000	43,000	43,000
Governance Travel	21,087	33,000	33,000	33,000	33,000
Communications	43,156	52,400	52,400	52,400	52,400
Other Benefits	165,866	116,000	20,000	20,000	20,000
Total Transportation and Communication	278,640	244,400	148,400	148,400	148,400
Services					
Accommodation	185,289	185,693	185,693	185,693	185,693
Advertising	2,843	10,000	10,000	10,000	10,000
Banking	-	-	-	-	-
Community Engagement	-	-	-	-	-
Consulting Fees	263,069	429,423	275,000	275,000	275,000
Equipment Rentals	8,995	9,000	9,000	9,000	9,000
Governance Per Diems	123,275	145,000	145,000	145,000	145,000
Insurance	16,093	16,552	16,552	16,552	16,552
LSSO Shared Costs	483,600	300,000	300,000	300,000	300,000
LHIN Collaborative Structures	-	50,000	50,000	50,000	50,000
Other Meeting Expenses	34,243	55,000	55,000	55,000	55,000
Other Governance Costs	28,934	55,000	55,000	55,000	55,000
Printing & Translation	15,771	40,000	40,000	40,000	40,000
Staff Development	53,191	87,000	87,000	87,000	87,000
Total Services	1,215,303	1,382,668	1,228,245	1,228,245	1,228,245
Supplies and Equipment					
IT Equipment	55,575	55,000	55,000	55,000	55,000
Office Supplies & Purchased Equipment	61,205	50,000	50,000	50,000	50,000
Total Supplies and Equipment	116,780	105,000	105,000	105,000	105,000
Capital Expenditures	125,548	20,000	20,000	20,000	20,000
LHIN Operations: Total Planned Expense	4,220,490	4,305,555	4,391,666	4,479,500	4,569,090
Annual Funding Target			4,391,666	4,479,500	4,569,090
Variance			-	-	-

Template C: LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2008/09 Actuals as of March 31 FTEs	2009/10 Forecast FTEs	2010/11 Forecast FTEs	2011/12 Forecast FTEs	2012/2013 Forecast FTEs
Administrative Assistant	2	1	1	1	1
Analyst, Health System Performance and Measurement	0	1	1	1	1
Business Manager	1	0	0	0	0
Chief Executive Officer	1	1	1	1	1
Communications Coordinator	1	1	1	1	1
Community Engagement Consultant	1	0	0	0	0
Controller	1	1	1	1	1
Director, Integrated Health System Design Project	0	1	1	0	0
Executive Assistant	1	2	2	2	2
Funding & Allocation Consultant	1	1	1	1	1
Manager, Organizational Talent and Corporate Services	0	1	1	1	1
Office Assistant / Receptionist	1	1	1	1	1
Performance & Contract Consultant	1	1	1	1	1
Planner, Health System Planning & Development	0	1	1	1	1
Planning & Decision Support Consultant	1	0	0	0	0
Planning & Integration Consultant	1	0	0	0	0
Program Assistant	0	2	2	2	2
Senior Analyst, Health System Performance and Measurement	0	1	1	1	1
Senior Consultant, Community Engagement	1	0	0	0	0
Senior Consultant, Funding & Allocation	1	1	1	1	1
Senior Consultant, Planning & Integration	1	0	0	0	0
Senior Director Finance and Risk Management	0	1	1	1	1
Senior Director Health System Performance, Measurement and Integration	0	1	1	1	1
Senior Director Planning Integration & Community Engagement	1	0	0	0	0
Senior Manager, Health System Integration	0	1	1	1	1
Senior Manager, Health System Performance and Measurement	0	1	1	1	1
Senior Manager, Health System Planning and Development	0	1	1	1	1
Senior Planner, Health System Planning & Development	0	2	2	2	2
Senior Project Director - Health System Improvement	1	0	0	0	0
Subtotal	18	24	24	23	23

Administrative Assistant, eHealth	0	1	1	1	1
CIO / e-Health Lead	0	1	1	1	1
LHIN Project Coordinator - eHealth	0	1	1	1	1
Senior Project Manager - eHealth	1	1	1	1	1
Total	19	28	28	27	27

Communications Plan

The North Simcoe Muskoka LHIN has identified that the nature of our work involves:

- Changing the way our health system is managed
- Designing a system that will provide better access, keep Ontarians healthy and reduce wait times
- Confirming that community-based care is best planned, coordinated and funded in an integrated manner within the local community

Our communications strategy ensures that relevant information is communicated in a way that is consistent, transparent, timely and supports the strategic directions outlined in the Integrated Health Service Plan 2010-2013 and initiatives in the LHIN's business plan.

Separate from the business plan but encompassing elements, the North Simcoe Muskoka LHIN will develop an annual communication plan which will support the LHIN's business plan, including:

- Identifying target audiences
- Developing key messages
- Planning the communications rollout, complete with timelines and communications tools

Target audiences will include health system partners, members of the general public, media, all levels of government, other LHINs and the ministry. The North Simcoe Muskoka LHIN website, Speakers' Bureau, news releases, e-newsletter and email blasts will be utilized to share messages and convey information.

The LHIN will continue to engage target audiences over the 2010-2011 fiscal year as we develop our Integrated Health System Design, roll-out Aging at Home funding, initiate eHealth initiatives and engage both the aboriginal and francophone populations.

The LHIN has established the LHIN Leadership Council whose primary purpose is to provide strategic advice on issues related to the design and realization of an integrated health system in North Simcoe Muskoka. The Council will act as a "champion" to provide strong leadership and the courage for change. Council members represent the entire health system, including service providers funded through the LHIN and health related partners, physicians, public health and municipalities. Aboriginal and Francophone membership is represented on the Council. A similar structure will be rolled out in each of the five geographic areas of North Simcoe Muskoka. Five Local Leadership Councils will be established, with similar representation in membership, including two consumer members from both Aboriginal and Francophone communities.

The LHIN will continue to work in collaboration with the North Simcoe Muskoka Aboriginal Health Circle and our Regional French Language Services Consultant to meet the needs of these populations, specifically aligned to the three LHIN strategic priorities.

Key Messages for all LHIN Communications

“Working together to achieve Better Health, Better Care, Better Value”

Building on the above tagline, the North Simcoe Muskoka LHIN’s three strategic priorities are:

Better Health (Patient experience):

1. Improve access to appropriate care.

Begin with the emergency room and alternate level of care settings in the community or home.

Better Care (Population health):

2. Improve chronic disease management.

Begin with access to integrated diabetes care.

Better Value (Sustainability of the health system):

3. Create an integrated design for the future North Simcoe Muskoka health system

These priorities will build on:

- Patient-centred planning
- Region-wide consultation
- Collaboration across the continuum of care
- eHealth initiatives
- Accountability

