North East **LHIN**
RLISS du Nord-Est

Governance News

Tuesday, March 31, 2009

NE LHIN Board of Directors Meeting, Friday, March 27, 2009 (North Bay)

The NE LHIN held its March Board of Directors meeting at its North Bay office on Friday, March 27. Directors received updates and discussed several key health files of the North East LHIN as noted below.

Health-Based Allocations Model (HBAM)

Board Directors had a full discussion on the new provincial funding model called HBAM. HBAM is a new funding formula to be used by the province to determine funding allocations across the province's 14 LHINs. HBAM has not yet been released; however Board members expressed great concern over the formula's methodology and approach. Please see motion on page three which outlines the Board's intended actions in this regard.

French Language Health Services – Status Report

The Board decided to proceed with developing a FLS framework for the North East's health care system. Board Director, Marc Dumont, will was appointed to lead the development of the frameworks. A progress report on this file will be tabled at each upcoming board meeting.

Local Aboriginal Health Committee (LAHC) - Terms of Reference

The draft terms of reference for a Local Aboriginal Health Committee were approved. Next steps include: supporting Aboriginal health service providers within each planning area to identify LAHC membership; host a first LAHC meeting before the end of April 2009; adopt the LAHC Terms of Reference; and work with the LAHC to prepare the Aboriginal/First Nations and Métis framework within the Integrated Health Service Plan, 2010-2013.

Integrated Health Service Plan Refresh

On April 6, 2009, the NE LHIN will launch the refresh of its original 2006 IHSP. This launch will include public notice of the NE LHIN's roll out of its 2009 IHSP process and will serve to start building the momentum needed to keep the public and all stakeholders interested and involved in the IHSP. The NE LHIN issues and priorities have, on an ongoing basis, influenced provincial health care priorities. The current provincial priorities are ones that also reflect the health profile of the NE LHIN. These priorities will need to be confirmed with regional stakeholders through a variety of engagement sessions over the next four months. In addition, the NE LHIN will want to find out if stakeholders feel there are additional priorities that are specific to our LHIN which should be an area of focus for the next three years.

Sault Area Hospital Improvement Plan – Status Report

The process to receive the Sault Area Hospital's Improvement Plan was reiterated to ensure all were aware of the next steps. At this point, it is expected that the Sault Area Hospital Board of Directors will receive their Hospital Recovery Plan before the end of March 2009. The Plan will then come to the NE LHIN Board of Directors for receipt and review. The NE LHIN has moved its next meeting to Sault Ste Marie on Friday, May 1 in order to receive the Plan in the community in which it is written for. On May 1, the NE LHIN Board will receive the plan only – approval will follow only after the NE LHIN has had the opportunity to study the Plan in detail.

Seniors Housing – Next Steps

With the completion of ***the Seniors Residential/Housing Options – Capacity Assessment and Projections Report*** in January 2009, the NE LHIN must determine how to proceed with the results of the study and capitalize on the interest and momentum that was created through the planning process. One of the main objectives of the planning project was to ensure that an equitable and consistent approach to determining needs and identifying priorities was applied across the North East. To support this direction, and to begin to address the range of opportunities it is suggested that a regional seniors housing coordinating committee be established with representation from all NE LHIN planning areas.

Multi-Sectoral Accountability Agreements (M-SAA) Progress Report

The NE LHIN staff continues to work closely with health service providers to finalize MSAAs by March 31, 2009. The NE LHIN has the largest number of health service providers of any LHIN. The negotiation of 132 MSAAs is progressing very well.

Service Agreement Between One-Kids Place (OKP) and the North East CCAC

Since January 2007, the NE LHIN has been facilitating discussions between OKP and the NE CCAC to create an integrated paediatric care delivery for the School Health Support Service program in Nipissing and Parry Sound planning areas. Following a Board decision, the service agreement between the NE CCAC and OKP is now completed and will be embedded in the NE LHIN / NE CCAC M-SSA.

Reallocation of Health Service Provider Funds

The Board approved the re-allocation of $3.3 million dollars. Health Service Providers with unspent dollars are to be commended for volunteering their surplus dollars for re-allocation to health service providers in need across the North East.

NE LHIN Supports Integration Proposals

Nine integration proposals received through the H-SIP process were approved and will receive a total of $432,000.

The meeting's full agenda and supporting documents can be downloaded from www.nelhin.on.ca.

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NE LHIN Board of Directors Motion, Friday, March 27, 2009

Health-Based Allocation Model (HBAM)

WHEREAS; the new Health-Based Allocation Model (HBAM) is a population health based funding formula which is intended to provide decision makers with actionable information and supports the strategic alignment of funding with management decisions and;

WHEREAS; HBAM is designed to assign resource weight to each person based on refined clinical grouping, age grouping, socio-economic status and rural group definition and;

WHEREAS; the North East LHIN Board of Directors expected that the legislated use of HBAM would finally result in addressing the historic inequalities in funding to Northern Ontario as a result from the previous population based funding allocation to the detriment of Health Care and the ability to offer comparable services in northern communities to those available to southern communities and;

WHEREAS; the HBAM methodology currently demonstrates that Northern Ontario is over serviced by 2.7% and over expended by 2.4% and will result in a cut-back in funding over time by approximately 2.5% based on 2005/2006 data and;

WHEREAS; the North East LHIN Board of Directors disagrees with the outcomes produced and have decided to look at the methodology being proposed and determine, if in fact, it addressed all the detriment to health and wellness for all the citizens of Northern Ontario and look at factors on the ground that may not be in the current methodology.

WHEREAS; the high ALC level in the North East LHIN demonstrates that a broader methodology is required to ensure the most appropriate setting which people should receive care and;

WHEREAS; HBAM could potentially accelerate the wrong mix of health care services currently provided in the North East LHIN;

THEREFORE BE IT RESOLVED THAT: the North East LHIN Board of Directors engage partners with an interest in correcting the historic imbalance in health care dollars allocated to Northern Ontario such as:

1. Analyze HBAM methodology from a Northern Ontario perspective to address the negative impact that is possible in the HBAM methodology to produce a Northern Ontario Perspective document outlining the negatives with the intent of using the document as a tool to address the inequities.

2. Examine the input data used to determine the refined clinical group, the socio-economic status, the definition of rural and the weighting factors.

3. Determine if the factors that affect health care in Northern Ontario at the ground level are a part of the HBAM methodology to ensure the outcomes produced will result in the enhancement of the North East LHIN vision of ***Health and Wellness for All***.

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