

M A K I N G

Ideas for **CHANGE**

H A P P E N



ONTARIO HEALTH
PROVIDERS ALLIANCE

MARCH 2004

ONTARIO HEALTH PROVIDERS ALLIANCE

The Ontario Health Providers Alliance (OHPA) was founded in 1993 out of a strong desire for collaboration amongst a broad spectrum of provincial health service organizations. The member organizations also provide advice and guidance to the province on funding, policy and program design. The OHPA members (employers and providers) represent about 90% of the province's health care jobs and a large majority of Ontario's \$28 billion health care budget.

Member organizations include:

Association of Local Public Health Agencies (ALPHA)
Association of Ontario Health Centres (AOHC)
Canadian Mental Health Association (CMHA) – Ontario Division
Canadian Red Cross Society – Ontario Zone (CRCS-ONT)
Cancer Care Ontario (CCO)
Ontario Association of Medical Laboratories (OAML)
Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
Ontario Community Support Association (OCSA)
Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP)
Ontario Home Health Care Providers' Association (OHHCPA)
Ontario Home Respiratory Services Association (OHRSA)
Ontario Hospital Association (OHA)
Ontario Long Term Care Association (OLTCA)
Ontario Medical Association (OMA)
Ontario Pharmacists' Association (OPA)
Registered Nurses' Association of Ontario (RNAO)
Saint Elizabeth Health Care (SEHC)
Victorian Order of Nurses (VON) Canada

Mandate

- To facilitate collaboration amongst a broad spectrum of provincial health service organizations, and
- To foster a cooperative environment and promote dialogue between the Alliance and the Ontario Ministry of Health and Long-Term Care.

Core Functions include:

- ▶ share information on providers' mandates, philosophy, strategic directions, and programs/services
- ▶ provide representation to the Ontario Health Informatics Standards Bureau
- ▶ seek understanding, and collaboration as appropriate, on proposed government legislation, policy, and funding and to identify legislation and policy requirements
- ▶ review and comment on the provincial planning framework for health services in Ontario
- ▶ promote common client-focused information standards

Executive Members

2003/04 Chair: Andy Papadopoulos, ALPHA
2003/04 Vice-Chair: Shirlee Sharkey, SEHC
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Ontario needs an updated, user-friendly health care system — a system where people can get the right care when they need it.

For many decades, people have relied on hospitals as the most visible and well-known part of the health care system. But, society is changing. We have an increasingly mobile and diverse population. More people of all ages live successfully with life-long illnesses. People are living longer and want to stay independent in their homes and communities for as long as they can.¹ Now, more access to health care and health information is needed in homes, communities, workplaces and schools. People need a strong community health ‘system’ — one that is accessible, provides quality care and is sustainable over the short and longer term.²

Change is needed. Ontario must engage with its citizens to really understand their needs for health care, to rebalance roles and responsibilities and transform the delivery of care. To achieve this goal, a broad view of health care as a ‘complex system’ with many important parts, is critical.

The time is right. Ontario has a new government that wants change and the Health Accord can be the catalyst for reform.

Working together, we can build a new health care system — one that meets the emerging health care needs of people in the 21st century.

A LOCAL SYSTEM

DEFINITION OF A ‘LOCAL’ SYSTEM

It is not easy to clearly define a local ‘system’ of health care, which partly explains why institutions continue to dominate our thinking about health care delivery.

A ‘local’ system could be identified geographically as the ‘current pathways of client/patient flow that are created as people seek and receive care from

¹ Statistics Canada, "Age, Sex and Marital Status", March 2003 - Cat:93-3101002

² Institute of Medicine, "Crossing the Quality Chasm: A New Health System for the 21st Century (National Academy Press, Washington, D.C., 2001) pgs 89-110

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the existing system' (e.g. people generally go to their local health clinic and their local hospital ERs, family physicians have on-going working relationships with specialist physicians in certain hospitals, CCACs arrange home and community care services to people living in specified catchment areas, long term care facilities admit residents from the same general referral sources, and community agencies and supportive housing are embedded in neighbourhoods).

As an ideal, 'local' systems of care could be defined as 'health information and health care closer to home.' Within a local system, 'providers³ would work collaboratively in a wide variety of settings in a specific geographic area to deliver and coordinate health services, creating a seamless continuum for the people in their care. People in this area would be able to move about and get care as easily in one part of that local health care system as any other'.

Local health care systems are both rural and urban in nature. They are not all the same, nor should they be, because each local system has its own established and unique patterns and pathways of care.⁴

There is already strong leadership at the local level in many different areas of the province. These leaders can be expected to come forward to self-identify if they wish to meet the expectations of the Ministry and to access funds to make positive systemic change happen for the population that they serve.

At the local level, the OHPA believes that providers in dynamic health systems can work collectively together to:

- Begin to define their own boundaries, realizing that in existing systems there will be some overlaps and boundary sharing,
- tell us who their natural care partners are,

³ Hospitals, long term care facilities, CCACs, home and community care providers, regulated health professionals, non-regulated health staff, mental health and addictions services and other health and social care organizations that may support client care

⁴ Glouberman, S.,
http://www.healthandeverything.org/presentations/Health_Care_Reform_ver1.pdf

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- determine how the people they care for flow through the different sectors in their local community,
- understand and address the barriers to smooth transitions for care.⁵

POSITIVE CHANGE

HOW CAN 'LOCAL' SYSTEMS BE ENCOURAGED TO MAKE POSITIVE CHANGE?

Even though there are existing structural boundaries and silos in 'local' systems, strong senior leadership can begin the process of change. Local health care deliverers⁶ can be encouraged to work together as a 'virtual' system for the good of the people in their care. In fact, there are already forward-thinking communities which have begun to work collaboratively to transform their system.⁷

EARLY OPPORTUNITIES

Using the expertise of front line providers, local leaders can begin to discover the opportunities to update our existing health care system. Given the right incentives, support and encouragement, front line providers will suggest the exploration of early and simple ideas that would make their local system work better for people (See Appendix A). Some examples include:

1. The better and more coordinated use of Emergency Departments for specific types of patient populations in local systems,
2. Support for the greater coordination of care for frail elderly persons and people of all ages who live with chronic diseases or disabilities and who require care across all parts of the continuum of care,
3. Support for community mental health programs that prevent the need for hospitalization,

⁵ Arundel C, Glouberman S. An analysis of blockage to the effective transfer of clients from acute care to home care. National Evaluation of the Cost-Effectiveness of Home Care and Canadian Policy Research Networks. A report prepared for the Health Transition Fund, Health Canada. January 2001.

⁶ Acute care, long term care, home and community care, health care professionals, and other health care organizations

⁷ Glouberman, S,
http://www.healthandeverything.org/presentations/Health_Care_Reform_ver1.pdf

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4. Capitalizing at the local level on already established informal hospital/long term care facility relationships,
5. Better use of shared data and organizational information to support the movement of people across the local system.

These are only a few of the examples that might come forward at the local level to begin to make changes in the system of health care. There are many other examples that could be explored, once local leaders and front-line staff are encouraged and incited to begin the process of thinking broadly and ‘systemically’ about health care delivery. ‘Bottom-up’ innovation will come from ideas generated at the boundaries of the system and will be owned and championed by the local systems.⁸

BLUEPRINT

1. The power of the Minister’s messages to the health and community care system is very strong.

A BLUEPRINT FOR CHANGE

Recommendations to Make "Ideas for Change" Happen

The Minister of Health and Long-Term Care must signal in all speaking engagements that ‘systems thinking’, not ‘silo thinking’ is the new mantra for the 21st century health care system in Ontario. Signal that ‘local’ systems of health care providers will be encouraged to work together in a new way so that care for Ontarians will become seamless, not fragmented. This message is powerful because it:

- ✓ challenges the current ‘silo’ reality for the health care system,
- ✓ speaks to the need for integration within a primary health framework,
- ✓ sets up new expectations, and
- ✓ raises new standards for the creation of an updated and user-friendly health care system.

⁸ Much of our perspective on the current state of transformation in the health care system is driven by ‘events monitoring’ at the collective centre. Yet, components of a system at its boundary often perceive changes needed in the entire system more readily than those whose perspective is from the centre. Leadership insight is prompted by participants’ unique position at the boundary of the system, (McLeod, H., *Overcoming the Mental Models of Traditional Healthcare Leadership, Managing Change*, Spring, 2003).

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2. Create a ‘Community Health Advisory Committee’ of the Ontario Health Quality Council

The Advisory Committee would specifically support the work of the Council by reporting on health systems outcomes and continuous quality improvement efforts by ‘local’ systems across the province.⁹

3. Use federal funding to buy change

One of the major tasks of the Community Health Advisory Committee would be to receive proposals from local systems for funding to trial new pathways of care that would contribute to more efficient use of health care resources and increase the growth of the primary health care and community care sectors. Ideally, new pathways would encourage a good balance and integration of acute and primary care services for people at the local systems level. It would also serve to protect the intensive resources of the hospital for use by those most in need of acute care. (See Appendix B: Terms of Reference and Tasks of the Community Health Advisory Committee). The best ‘local’ ideas would be disseminated at the provincial level.

4. Engage dynamic ‘local’ systems to create a ‘system report card’

Local system report cards would report on changes that make the system more efficient and better for people. Publish the annual ‘system report card’ widely to educate the public about the scope and breadth of the local health care system that they rely on.

5. Use provincial associations, local planning bodies, and DHCs

These bodies would feed into the creation of the performance indicators for a broader province wide ‘system report card’.

6. Showcase the successes of early adopter ‘local systems’

The early adopter local systems can collectively rise to the challenge of providing better and more coordinated care for the population they serve.

7. Set broad evaluation criteria for the ‘Community Health Advisory Committee’

The evaluation criteria would focus on outcomes indicating shifts in the local use of health care resources to help Ontarians get care in the community and achieve a higher level of health and wellness (See Appendix C: Evaluation Criteria for the Community Health Advisory Committee).

The Ontario Government, working in collaboration with its partners in the health care system, is well positioned to introduce new thinking and models for health care across the province: an updated, user-friendly health care system where people can get the right care when they need it.

⁹ The functions of the Ontario Health Quality Council are to monitor and report to the people of Ontario on access to publicly funded health services and health human resources in publicly funded health services,

APPENDIX A

Examples of Early Opportunities

1. **The better and more coordinated use of Emergency Departments in local systems** is one of the first areas where there is great potential to make quick changes and get early wins for the system. A recent study at the Ottawa Hospital which appeared in the Canadian Medical Association Journal found that 1 in 4 patients get sick again after leaving hospital. Acute care providers acknowledged the need for a strong support system outside the hospital:

"We've got to build up our community health care in order to provide the support our patients need once they leave here. We can't always have the patients coming back to the hospital for the support they need." (W. Nicklin, Vice-President, Ottawa Hospital)¹⁰

2. **Support for the greater coordination of care for frail elderly persons and people who live with chronic diseases or disabilities.** Older persons want to age in place¹¹ and require solid support services at the home and community level. Our existing system has not provided those solid supports, and as a result, there is greater demand on acute care services because people can no longer get the help they need at home.¹² Pilot projects that will help Ontario demonstrate seniors' satisfaction and system cost-effectiveness would be advisable.¹³

3. **Support for community mental health programs.** Local research projects in Waterloo, Kingston, Toronto and Peel have shown that when community mental health is funded adequately, hospital visits and admissions are reduced significantly. If a 'systems perspective' was used to evaluate the overall costs of unplanned readmissions and ER visits, it becomes clear that our current ways of managing care at the local level are not cost effective nor are they helpful to the people who need care.¹⁴

4. **Capitalize at the local level on already established informal hospital/long term care facility relationships.** Explore the potential to create a gradual discharge program around the needs of people who are not yet able to go home but could still benefit from a structured rehabilitation program. With capacity in long term care facility sector, this solution has potential to help many people rehabilitate at their own pace and successfully return to independent living in the home and community care sector.

¹⁰ "Adverse events among medical patients after discharge from hospital", Canadian Medical Association Journal, February 3, 2004; 170 (3); <http://www.cmaj.ca>.

¹¹ The Elder Health/Elder Care Coalition recently presented these views to the Minister

¹² Lewis, R., Dixon, J., Rethinking management of chronic diseases, BMJ 2004:220-222 (24 January)

¹³ With neglect and underfunding in home and community care, there is greater demand on acute and residential care services because people can no longer get the support they need at home or in their communities...This increased demand is then used to justify further increases to institutional budgets resulting in further decreases to home support, leading to further rounds of increased demands on hospitals and long term care facilities, repeating the cycle over and over and increasing the overall costs of the Canadian health care system'. Hollander, M., "Unfinished Business: The Case for Chronic Home Care Services, a Policy Paper" (August 2003)

¹⁴ Waterloo Regional Homes for Mental Health reports an 89% reduction in the average amount of time people spend in hospital before and after becoming involved in a supportive housing program

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APPENDIX B

Terms of Reference for the "Community Health Advisory Committee"

Position community health, within the context of the evolving primary health care system, where it can make the most significant and cost-effective contributions to the health and well-being of Ontarians.

Establish a process for recommending funding initiatives that support smooth care transitions as people travel through the health care system, leading to an updated and user-friendly system health delivery in Ontario.

Develop indicators to measure improved 'systems' performance, in particular, those that relate to more efficient use of primary care and home and community care services to protect acute care resources for use by those requiring acute care.

Disseminate information to the public describing smooth care transitions for people in the health care system in Ontario.

Provide data support and information related to 'health system outcomes' and 'continuous quality improvement' to the Ontario Health Standards Council so that it can 'report to the people of Ontario'.

Tasks of the "Community Health Advisory Committee" of the Ontario Health Quality Council

With dynamic leadership at the local level:

- ▶ Study current innovative community initiatives that are making care transitions smoother for people across the province.
- ▶ Document those that appear to have potential for province-wide application.
- ▶ Identify barriers at the local and provincial level, to furthering smooth care transitions for people.
- ▶ Identify best practices in creating smooth care transitions and monitor the development of relevant system performance indicators in local systems.
- ▶ Evaluate and fund innovative proposals to enhance and support local initiatives that contribute to smooth care transitions for people.
- ▶ Recommend province-wide application of well-documented local initiatives that have the potential to create new effective and efficient health delivery models for the province of Ontario to the Ontario Health Quality Council.

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APPENDIX C

Evaluation Criteria for the Community Health Advisory Committee

YEAR ONE

(Establishment of the Office of the Advisory Committee, including staffing, communication mechanisms)

Outcomes

1. The Community Health Advisory Committee has developed mechanisms, criteria and data elements to collect information that demonstrates progress in creating smoother care transitions for people and more efficient use of primary care and home and community care services to protect acute care resources for use by those requiring acute care.
2. The Advisory Committee has identified four province-wide(4) system performance indicators that could lead to effective and efficient new provincial health system pathways;
3. The Advisory Committee has created mechanisms to establish and choose funding proposals at a local level.

YEARS TWO AND THREE

Outcomes

1. The Advisory Committee has become a distribution center for the collection and dissemination of information that demonstrates local efforts to create smooth care transitions for people and more efficient use of primary care and home and community care services to protect acute care resources for use by those requiring acute care.
2. The Advisory Committee is making on-going recommendations to the Ministry of Health and Long-Term Care for funding and studying new ideas that create smooth care transitions for people and more efficient use of primary care and home and community care services to protect acute care resources for use by those requiring acute care.
3. The Advisory Committee has data to support the province-wide support and introduction of new pathways of care that are 'systemic' and support people to receive care in homes, communities, workplaces, health clinics, schools and doctor's offices.
4. The Advisory Committee has become a leader in shaping the emerging role of an updated and user-friendly health care system in Ontario in the 21st century.
5. The Advisory Committee has initiated a fundamental shift in ensuring that health care resources are used wisely to help Ontarians achieve a higher level of health and wellness.