# Toronto Central Local Health Integration Network (LHIN) Backgrounder

#### Local Health Integration Networks (LHINs) in Ontario

The LHINs are provincial agencies that are responsible for integrating healthcare at the local level to meet community and patient needs. LHINs were created by the Ministry of Health and Long-term Care in 2005 to enhance the health system's responsiveness to local needs and to allocate resources to best meet those needs. LHINs are responsible for allocating some \$22 B for health services provided to the people of Ontario.

LHINs focus on all people who use local health services and all providers that deliver care in order to create a system that provides high quality, sustainable health for all. LHINs bring together the diverse range of health care providers to work toward consistent goals for clients and patients. Our goal is to create an integrated system that delivers care and supports people during every step in their health care journey.

## **Toronto Central LHIN Geographical Area**





# The Toronto Central (TC) LHIN – a Unique Urban LHIN

The TC LHIN is the only completely urban LHIN. Home to 1.15 million people, the TC LHIN is extremely diverse, with significant variation in terms of income, ethnocultural background and education. Each neighbourhood in the LHIN has a different population profile and distinct health care challenges. A large number of people from outside the city come to Toronto health providers for care. For instance, approximately 55% of patients who receive primary care in central Toronto live in communities served by other LHINs. Also, as expected by the number and specialization of Toronto's hospitals, over 50% of patients admitted to Toronto hospitals come from other regions.

Toronto Central 2006 Census Data

All of these factors impact utilization of health services within the Toronto Central LHIN and impact population health:

- An estimated **32.0%** of the population is **22** to **44** years old and **14.0%** is aged **65** years and older. By **2016**, seniors will account for **14.8%** of the LHIN's population.
- Approximately **40.0%** of the population reports a language other than English as their mother tongue, with **2.0%** of the population including French as their mother tongue. **4.5%** of the population reports no knowledge of either official language.
- **40.8%** of the population are immigrants born in other a country other than Canada; **8.3%** were recent immigrants, having arrived in Canada between **2001** and **2006**.
- **32.5%** of the people living in Toronto Central are visible minorities, compared to **22.8%** in Ontario overall.
- **70.0%** of the working age population have completed post-secondary education this is the highest rate across the province.
  - The proportion of the population living on low-incomes is **24.0%**, the highest rate in the province.

## **Health Service Providers**

There are 170 Health Service Providers in the TC LHIN receiving funding to deliver over 208 unique programs:

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- 17 Hospitals
- **37** Long Term Care Homes
- 17 Community Health Centres
- 1 Community Care Access Centre
- 67 Community Support Services providers
- 69 Community Mental Health and Addictions providers

TC LHIN's transferred \$4.49B in funding to health service providers for the delivery of health services.

## Toronto Central LHIN Guided by Ontario's Action Plan for Health Care

Ontario's Action Plan for Health Care, released in January of 2012, highlights the gains made by the LHINs in care integration at the local level. However, it urged the LHINs to go beyond working with the hospitals and the community agencies they fund and to build relationships with primary care and other parts of the system in order to create true patient-centred health care. The TC LHIN shares the belief that the patient or client is the person most able to manage their health and most knowledgeable about their needs. They should be included as the central point in determining how the health system can support them when they are sick or need help.

Since, primary care providers are in closest contact with patients, coordination supports within primary care – such as case management and care coordinators – can help patients determine how to best organize services to meet their needs. Ultimately, this focus on patient primary care will ensure high quality care, improve access to services and deliver better value for money.

"If family health care providers are to have an even stronger role in our health care system, they must be well integrated at a local level with all the other providers involved in the patient journey. That is why we will integrate family healthcare into the LHINs. Together, we will identify a model that brings planning and accountability for the full patient journey under the LHINs.

**Ontario's Action Plan for Health Care, 2012** 

In commencing this change, the Ministry proposed LHINs focus on high users of our health system as the first phase of transformation. The rationale for this approach was grounded in the work of the Institute for Clinical Evaluative Sciences, which found that, in Ontario, **5%** of people account for over **50%** or **\$15.2B** of the province's health costs.

## **Toronto Central LHIN's Primary Care Strategy**

Over the past year, the Toronto Central (TC) LHIN led very important work to define a strategy for advancing primary care in the region. In the spring of 2012, the Toronto Central LHIN, with the support of leaders from across the system, initiated a three-part effort to support the development of its <u>Primary</u> <u>Care Strategy</u>.

The <u>initial phase</u> centred on an environmental scan to better understand the existing primary care landscape, and the many efforts underway to improve the system. The result of this work was the Summary of the Current State Scan Report <u>Continuing the Evolution of Primary Care in the Toronto</u> <u>Central LHIN: Our Starting Point</u>. This critical work was informed by over 250 stakeholder consultations and guided by the Current State Task Group made up of system leaders in Primary Care.

In the <u>second phase</u> the TC LHIN shifted to identifying the vision and objectives of the Plan as well as the priority actions that would have the greatest impact on the local system and quality of care. A 35-person Design Task Group of primary care and other health experts supported this effort resulting in the identification of system-wide opportunities to strengthen primary care.

The LHIN used the information from the first two phases and a review of primary care in other Canadian and international jurisdictions to develop a Vision and Strategic Plan for primary care.

#### Vision

Providing personalized, seamless, timely, comprehensive, and high quality primary care to its population through collaboration across the system to advance improved patient outcomes and improved patient experience in the context of a sustainable health care system.

This information was presented at the Toronto Central LHIN's Primary Care Think Tank on November 26, 2012. The Think Tank brought together approximately 100 system leaders, family physicians and local residents to review and comment on the Plan for Primary Care Networks in our LHIN.

## Introduction of Health Links

The Toronto Central LHIN is proposing the creation of nine Health Links, formerly called Patient Care Networks during local planning, The idea of Health Links is simple: *"providers supporting providers to deliver the best possible care for people and communities"*.

Each Network will be created to support local needs and be guided by local leadership with LHIN oversight. The LHIN will leverage existing partnerships and build on current successful initiatives already underway. Each Network will have commonality in terms of access to core services and expected outcomes but there will be some local customization based on community need. Specialized services will be available to all Networks through a formal referral process. Finally, each Network will be supported by robust information management practices to identify and track improvements for defined efforts to improve the patient experience, quality of care, and timely access to services.

The Networks will be implemented through a series of subsequent phases over the next 2-3 years and will build on the lessons learned from early phases. Every area of the LHIN and every provider will be part of their local Network – it is just a matter of when.

Rollout of the Health Links in Toronto Centre will include five separate waves.

The first wave and starting point for building the Link will be creating a foundational partnership with **Primary Care Providers and the CCAC.** Extensive work has already been completed to engage these stakeholders.

The four subsequent waves of Health Link development include:

- A focus on Community Based Services that extend beyond primary health care with a goal of aligning these services with the Networks and revising current service delivery models to help advance our vision for primary care;
- A focus on Hospitals including acute, specialty and mental health to provide a seamless transition to and from primary care when a higher level of care is required;
- A focus on Academic Institutions with a goal of creating opportunities for educating and training our future providers of care in support of our vision; and
- A focus on Social and other key Support Services in each Link to further advance achievement of our vision and objectives for the population served.

The TC LHIN will undertake a broad engagement of primary care providers, patients and other stakeholders for each wave of development.

# Health Links- Benefits of Expected Outcomes

Health Links across the Province, and more locally, the Links within Toronto Central LHIN, are designed to have the following positive impacts, starting with the 1% and 5% of complex patients identified as high users of our health system:

- increased access to primary care,
- improvements in care delivery by all providers,
- improvements in the patient experience at better value,
- increased accountability for patient care and outcomes.

As the Health Links are implemented in the TC LHIN, patients will be empowered to be more involved to manage their own care and to make informed choices in collaboration with their primary health care team. The Links will work toward meaningful patient-centred care.

The development of Health Links is a critical next step in the TC LHINs efforts to improve patient access to the right care at the right time. The Links will enable the integration and collaboration between providers by facilitating primary care providers' access to multidisciplinary providers, specialist care, and chronic disease management programs offered in their local community. Providers will also be able to use common pathways for accessing specialized services in the LHIN.

Some of the expected outcomes of Health Links that will be monitored and measured include:

- $\circ$  Increase the number of complex patients and seniors with regular and timely access to a primary care provider.
- All complex patients have coordinated care plans developed
- o Reduce the time from a primary care referral to specialist consultation
- Reduce time from referral to home care visit.
- Reduce ALC rate
- $\circ~$  Enhance the experience that patients with the greatest health care needs have with the health care system.
- o Reduce 30 day readmissions to hospital (e.g., for ambulatory sensitive conditions)
- $\circ~$  Reduce avoidable ED visits for patients with conditions best managed elsewhere (e.g., CTAS IV & V).
- o Reduce unnecessary admissions to hospitals
- o Primary care follow-up within 7 days of discharge from an acute care setting
- $\circ\,$  Reduce average cost of delivery health services to patients without compromising the quality of care.

A coordinated and collaborative evaluation process will be put in place by the MOHLTC and the TC LHIN to help to measure these outcomes overtime.

## Conclusion

There is an abundance of talent, capacity and knowledge to improve our primary care system and make Health Links a success in the Toronto Central LHIN. Providers and patients alike also have the will and the courage to embrace transformative change for the benefit of everyone served in Toronto Central LHIN.