

North West
LOCAL HEALTH INTEGRATION NETWORK

North West Local Health Integration Network Integrated Health Services Plan: Summary

October 2006

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1.0 Background and Provincial Context

The Government of Ontario has established the North West Local Health Integration Network and has given it the mandate for local health system transformation

The Government of Ontario has made better health care a key priority. It has established the North West Local Health Integration Network (North West LHIN) and has given it the mandate for local health system transformation through community engagement and enhanced local capacity to plan, coordinate, integrate and fund the delivery of most publicly funded health services¹.

A key activity of the North West LHIN has been and will be the development and continued refinement of an Integrated Health Services Plan (IHSP). This is the first version of the plan for the North West LHIN. It has a 3 year horizon and provides an initial perspective on directions for change and includes the LHIN's

- Mission
- Vision
- Priorities
- Strategies

for enhancing health care delivery through better horizontal and vertical integration of services within the North West LHIN. It is expected that the IHSP will be updated annually to reflect changes in the population, changes in the health system and to improve information and insights into both.

IHSP developed through engagement and consultation with local communities, health services providers and health service agencies

This IHSP has been developed through engagement and consultation with local communities in the LHIN, health service providers and health service agencies and through analysis of supporting population health and health planning data.

It is expected that the IHSP will be refined through further consultation with the communities and providers in the LHIN.

¹ LHINs will have responsibility for hospitals, Community Care Access Centres, community support service organizations, mental health and addiction agencies, Community Health Centres and long-term care homes. The Ministry of Health and Long-Term Care will maintain responsibility for individual practitioners and Family Health Teams, ambulance services, laboratories, provincial drug programs, provincial programs, independent health facilities and public health.

The North West LHIN IHSP supports the related draft² strategic directions of the MOHLTC. These have been articulated by the Minister to be:

1. Renewed community engagement and partnerships in and about the health care system.
 - Effective governance structures and processes
 - Community awareness and engagement are core elements/processes in local health system planning
 - Partnerships with other participants in the local health care system including public health and primary care groups
 - Active participation in local community planning processes.
2. Improve the health status of Ontarians.
 - Improved health of all Ontarians, especially groups with the poorest health status
 - Enhanced uptake of provincial disease screening programs.
3. Ontarians will have equitable access to the care and services they need no matter where they live or their socio/cultural/economic status.
 - Reduced wait times for key services
 - Reduced barriers to access
 - More effective health human resource planning and management
 - Appropriate supports to enable Ontarians to age in the most appropriate place.
4. Improve the quality of health outcomes.
 - The consumer is at the centre of the planning and co-ordination of health services and chronic disease management
 - Leadership and participation in continuous quality improvement of the health system
 - Improved integration and coordination of health services and facilities related to prevention, promotion, diagnosis, treatment, rehabilitation, and palliative care that is based on the population's need
 - Improved safety and effectiveness of health services.

² These are draft strategic directions of the MOHLTC. Final strategic directions are expected in the spring of 2007.

5. Establish a framework for sustainability of the health care system that achieves the best results for consumers and the community.
 - Equitable allocation of health resources according to the health needs of the population including disease management
 - Optimized use of available resources to deliver health care
 - Planning and decision making is based on evidence, analysis of need and value of investment
 - Efficient service delivery
 - Increased use of appropriate care settings
 - The local health system is moving toward an electronic health information system
 - Financial stability.

2.0 Vision for Health and Health Care in the North West LHIN

The North West LHIN has adopted the vision of the MOHLTC to guide its initial efforts

The North West LHIN has adopted the vision of the MOHLTC to guide its initial efforts. Thus, the initial vision of the North West LHIN for health care in Northwestern Ontario is:

“A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.”

The North West LHIN will develop its own vision for health and health care in Northwestern Ontario that will integrate the provincial vision with the interests and needs of the people of Northwestern Ontario.

3.0 Environmental Scan

3.1 North West LHIN

Mission statement

The Mission of the North West LHIN is to:

"Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN".

Providing health care services in a geography so large has been and will continue to be a significant challenge

The geographic area of the North West LHIN is large. It encompasses a land mass equivalent to 47% of the province of Ontario and extends from White River in the east to the Manitoba border in the west, to James Bay and Hudson Bay in the North and to the United States border to the south. The total area covered is 458,010 square kilometres. The geographic area of the North West LHIN is larger than all of the Maritime Provinces combined and many countries around the world. Providing health care services in a geography so large has been and will continue to be a significant challenge.

The North West LHIN is the least densely populated of all Ontario LHINs

The North West LHIN is the least densely populated of all Ontario LHINs. Eleven of the 14 LHINs have population densities above 25 people per square kilometre, while the North West LHIN has the lowest population density in the province at 0.5 people per square kilometre.

North West LHIN Geographical Boundaries³



³ 2006 Health System Intelligence Project (HSIP).

3.2 Population Characteristics

The North West LHIN is home to 242,450 (2004) people, or 2.0% of the population of Ontario. During the 1994-2004 time period the population of the North West decreased, on average, by 0.4% each year; the population of Ontario increased by 1.5% annually during this same time.

Lowest life expectancy in province for Northwest residents

Life expectancy at birth is the average years of life an individual could live (using the assumption that current, cross-sectional age-specific mortality rates remain constant over the life span). Life expectancy among males and females in the Northwest is the lowest in the province.

Highest age-standardized mortality rate in Ontario for Northwest residents

The age-standardized mortality rate for Northwest residents is the highest in Ontario. In the Northwest, 24.9% of deaths occur before the age of 65 and 44.5% occur before the age of 75 (the Ontario percentages are 21.3% and 41.2% respectively). The percentage of deaths before age 65 in the Northwest is the highest in the province.

High PYLL for all causes except perinatal conditions

The potential years of life lost (PYLL) for Northwest residents is the highest in Ontario. For the major causes of premature death, rates for Northwest residents are in the highest quartile, with the exception of perinatal conditions. The PYLL for external causes of mortality (injuries) for Northwest residents is the highest in the province.

The rate of deaths due to suicide for Northwest residents was more than double the provincial average

Death due to suicide is a major social and health care issue for the Northwest. In 2001 the age standardized rate of deaths due to suicide for Northwest residents was more than double the provincial average and much higher than for any other region.

Northwest residents report higher than average rates of chronic disease

Northwest residents report higher than average rates of chronic disease. The large Aboriginal population in the Northwest, with their high incidence of diabetes, makes support for chronic disease prevention and management an important consideration for the North West LHIN as it develops its first IHSP. Other chronic conditions reported at higher than provincial averages by North West LHIN residents include: arthritis/rheumatism; high blood pressure; asthma and heart disease.

3.3 Utilization of Health Services

Residents of the North West LHIN report the lowest rates in the province for access to a medical doctor

The point of access for most medical care is through a primary care physician. Medical doctors also play a key role in coordinating care and managing chronic conditions. Residents of the North West LHIN report the lowest rates in the province for access to a medical doctor (84.5%) and consultation with a medical doctor within the past year (77.1%).

Most North West LHIN residents access primary care providers located in the sub-area in which they live.

City of Thunder Bay residents are most likely to access primary care services within their area (93.7% of their primary care services are provided by physicians located in the City of Thunder Bay). Residents of the North Shore and Rainy River sub-areas are most likely to leave the Northwest to receive primary care services (24.9% of primary care services received by residents of the North Shore, and 21.0% of primary care services received by residents of Rainy River are provided outside the North West LHIN).

Lack of local access to primary care physician services is a contributing factor to the high rates of utilization of inpatient and ED hospital care in the Northwest

Ideally, primary care physician services should be available in every community, and at least 90% of primary care services for residents of the North West LHIN should be provided within the sub-area where they live. Only Thunder Bay City residents are able to receive more than 90% of their primary physician care services in their own sub-area. Lack of local access to primary care physician services is a contributing factor to the high rates of utilization of inpatient and Emergency Department (ED) hospital care in the Northwest.

The North West LHIN has the highest hospital admission rate of patients with ambulatory care sensitive conditions in the province

The Canadian Institute for Health Information (CIHI) categorizes some inpatient admissions as “ambulatory care sensitive condition” admissions, meaning that if appropriate ambulatory or community care had been available, the inpatient admission of the patient could have been avoided, either because their condition would never become so serious as to require hospitalization, or because their care could be managed on an ambulatory basis. Examples of these diagnoses include asthma, angina, and depression⁴. The hospital admission rate of patients with these ambulatory care sensitive conditions is the highest in the province for North West LHIN residents.

⁴ Health Canada Health Indicators, <http://www.hip.on.ca/search/41.html>.

Residents of the Northwest have the second highest overall rate of utilization of ED visits

Residents of the Northwest have the second highest overall rate of utilization of ED visits of all the LHINs in the province. However, the high ED utilization rates are significantly impacted by the greater use of the ED for non-urgent care in Northern Ontario. The non-urgent utilization rate for the North West LHIN is higher than the total (including all Canadian Triage Acuity Scale (CTAS) levels) ED utilization rates for some of the Southern Ontario LHINs, and approximately three times the non-urgent utilization rate compared with the next highest LHIN.^{5,6}

The hospitalization rate for acute inpatient care for residents of the North West LHIN is the highest in the province

The overall age/gender standardized rate of hospitalization for acute inpatient care for North West LHIN residents is the highest in the province. The residents of the North West LHIN also had the highest rate of May Not Require Hospitalization (MNRH) admissions of any LHIN in the province.

Northwest residents have the highest rate of utilization of primary level inpatient acute care in the province. All acute care hospitals in the Northwest provide primary level acute care services. The higher rate of hospital utilization for primary hospital care in the North West LHIN may reflect the poorer health status of the residents of the Northwest and the lack of availability of ambulatory and community services that can reduce the reliance on inpatient acute care.

Tertiary/Quaternary hospitalization rate for North West LHIN residents is second highest in the province

The rate of utilization of inpatient Tertiary/Quaternary⁷ acute care by North West LHIN residents is second highest in the province. This suggests that residents of the North West LHIN have equivalent or better access to hospital inpatient tertiary care than residents of other parts of the province.

Not all North West LHIN residents obtain their acute hospital care in a hospital located in their community. Some communities do not have local access to an acute care hospital, and some of the smaller acute care hospitals do not have the full range of services that would be necessary to meet all of their community's needs. In addition, some

⁵ The ED utilization rates (both for the entire North West LHIN and for the individual sub-areas) may also be impacted by the under-count of the Aboriginal population in the Census data.

⁶ Some patients in North West LHIN hospitals are first stabilized in a nursing station before being transferred to an acute care hospital and this may impact the assignment of CTAS triage levels.

⁷ Tertiary/Quaternary hospitalizations include complex medical patients, cardiac surgery and neurosurgery, and organ transplants. Tertiary/Quaternary acute care is usually concentrated in academic health science centres or large regional acute care facilities.

Northwest residents must leave the LHIN area to receive hospital services that are not available locally.

11% of the inpatient hospitalizations of North West LHIN residents are provided by hospitals located outside the North West LHIN

Overall, 11% of the inpatient hospitalizations of North West LHIN residents are provided by hospitals located outside the North West LHIN; 5% by Ontario hospitals located outside the North West LHIN and 6% by Winnipeg hospitals. Almost 77% of the hospitalizations of residents of the North West LHIN in Winnipeg hospitals were for residents of the Kenora District (including the cities of Kenora and Dryden).

The ALC rate for North West LHIN residents is the second highest of all LHINs

A challenge faced by many Ontario acute care hospitals is that their acute care beds are often occupied by patients who no longer require the type of care available only in an acute care hospital, but these patients can't be discharged because there is no place for them in an alternative care environment (e.g. LTC home bed or home with appropriate home care support services). The days these patients spend waiting are referred to as "alternate level of care" (ALC) days. The ALC rate for North West LHIN residents is the second highest of all LHINs. While only 5.5% of acute care inpatients are discharged to either complex continuing care (CCC) or a long-term care home bed, these patients account for more than two thirds of all ALC days for Northwest patients. Patients discharged to complex continuing care and long-term care spend almost half of their inpatient stay in acute care beds waiting for discharge placement.

There are 288 CCC beds in Northwest hospitals, 60% of which (174 beds) are located in Thunder Bay and managed by the St. Joseph's Care Group. 43.9% of all acute care ALC days for North West LHIN patients in 2004/05 were for patients who were eventually discharged to a complex continuing care bed.

The North West LHIN CCC utilization rate is more than double the provincial average and 90% higher than the next highest LHIN rate

The North West LHIN age-gender standardized complex continuing care RUGS-weighted⁸ inpatient days per 10,000 population is more than double the provincial average and 90% higher than the next highest LHIN rate⁹. And, the average RUGS weight per case in Northwest (and Northeast) hospitals is lower than hospitals in Southern Ontario, indicating that complex continuing care beds are being used by Northwest residents with less complex requirements.

The North West LHIN inpatient rehabilitation services are focused on orthopaedic and arthritis rehabilitation to a greater extent than the provincial average

The North West LHIN inpatient rehabilitation service is focused on orthopaedic and arthritis rehabilitation (76.9% of all cases) to a greater extent than the provincial average (54.9% of cases in the orthopaedic and arthritis rehabilitation categories)¹⁰. Only 11.5% of North West LHIN rehabilitation inpatients are stroke patients, compared to the 17.3% average for the rest of Ontario.

The number of LTC home beds per population aged 65 years and older in the North West LHIN is second only to the North East LHIN

The number of LTC beds per population aged 65 years and older in the Northwest is 52.5, higher than the provincial average, and second to only the Northeast. The average Case Mix Measure¹¹ (CMM) for the residents of North West LHIN long-term care homes is the lowest in the province. The low CMM in the Northwest may reflect lack of availability of other long-term care services that can help delay or avoid the requirement for admission to a long-term care home bed. Even with the large number of beds and the low acuity of residents, the number of people waiting in the community for admission to a long-term care home is 30.5% of the total supply of beds in the North West LHIN. This is the second highest ratio of community wait list to beds of all of the LHINs in Ontario.

⁸ Patients in CCC beds are classified into resource utilization groups (RUGS) which are clinically relevant and resource-homogeneous groups based on information captured by the Resident Assessment Instrument Minimum Data Set (MDS 2.0). RUG-III is the current version of this classification system. A hospital's RUG-III weighted patient days adjusts for case mix differences in complex continuing care patients and allows comparison among hospitals.

⁹ The complex continuing care data is for fiscal year 2004/05, and may not reflect current patterns of care. St. Joseph's Care Group has introduced changes in admission criteria and treatment protocols that may reduce the difference between Northwest resident complex continue care utilization and patterns seen elsewhere in the province.

¹⁰ Recent changes in the focus of the rehabilitation program at St. Joseph's Care Group may have reduced the emphasis on musculoskeletal rehabilitation and expanded access to inpatient rehabilitation for other patient groups.

¹¹ CMM is a measure of the intensity of care received by residents of long-term care homes.

The two Community Care Access Centres (CCAC) in the Northwest spent \$31 million and provided community-based services to 11,473 clients in 2005/06. The average expenditures per client served in the Northwest was slightly above the provincial average at \$2,694 per client.

North West LHIN community support service (CSS) agencies provide a wide range of services. In 2004/05 the highest volume services provided by North West LHIN CSS agencies were: Meals on Wheels; Home Maintenance and Repair¹²; Homemaking/Personal Support/Attendant Care for Elderly and for physically disabled persons; Home Help/Homemaking (Paid); and Transportation. The services with the highest number of clients waiting for service were: Homemaking/Personal Support/Attendant Care for the Elderly; Home Maintenance and Repair; Supportive Living Service for Physically Disabled Adults; and Home Help/Homemaking (Paid); and Supportive Living Services for Acquired Brain Injury (ABI).

Several studies have identified that there is an increased burden on family and informal caregivers resulting from more complex and longer-term care needs of the aging population in the Northwest. During a planning session “Understanding Clients Who Are Difficult to Serve” (2004), participants reported the need for enhanced respite services to provide relief for highly stressed caregivers.¹³

3.4 Health Human Resources (HHR)

Report of the Special Advisor for Northwestern Ontario indicated the need to establish Northwestern Ontario-wide approach to HHR planning

The *Integrated Service Plan for Northwestern Ontario: Project Report Submitted to the Special Advisor to the Minister of Health and Long-Term Care for Ontario*, “The Closson Report” (2005), noted that there is a severe shortage of Health Human Resources (HHR) in the Northwest and attracting staff continues to be extremely difficult. Shortages have resulted in local communities and hospitals competing for physicians, nurses and allied health professionals. The report indicated a need for a unified approach to staff recruitment. Comprehensive planning for HHR and collective implementation of new HHR plans within the region were noted as essential to serving the health needs of the population. Physician funding, and the need to establish alternate payment plans as a mechanism to recruit and retain

¹² First Nations Only.

¹³ Northwestern Ontario District Health Council (2004). “Understanding Clients Who Are Difficult to Serve” (available at www.dhcarchives.com).

sufficient medical specialists and subspecialists were identified.

The Northern regions of Canada have traditionally been considered under serviced. Recent data has suggested that physician supply in the Northwest is actually better than in most of the province.¹⁴ Analysis of the best available data was completed to better understand the supply of family doctors in the North West LHIN.

The North West LHIN had 101 general practitioners (GPs) per 100,000 population in 2004 (crude rate only); making it the fourth best resourced LHIN at that time. This rate is well above the provincial average of 83 GPs per 100,000 population. Comparison of the supply of family physicians to the average in Ontario should be done with caution, since the average is not an indicator of the appropriateness of current numbers of family physicians in the province. This is especially relevant given that a provincial shortage of family physicians has been identified.

The North West LHIN had the lowest number of specialists of all Ontario LHINs

In both 2003 and 2004, the North West LHIN had the lowest number of specialists of all Ontario LHINs, with only 1.3% of all Ontario specialists. The North West LHIN's rate of 59 specialists per 100,000 population was lower than the provincial average of 90 specialists per 100,000 population. The vast majority of specialists are located in Thunder Bay City, where regional hospital services are sited.

3.5 Information Management/Information Technology e-Health Readiness

e-Health is about using information technology to modernize the health system, and to provide better and safer patient care. The North West LHIN recently commissioned a study to assess the current state of Information and Communication Technology (ICT) in the North West LHIN.

¹⁴ There is strong evidence that the supply of family physicians for the province is inadequate to the needs of the population for primary health care. Delivery of health services in the North likely requires a larger supply of providers to adequately address the needs of a widely dispersed population with significant burden of illness.

4.0 LHIN Priorities for Change

The population of the North West LHIN has a higher burden of illness and is more vulnerable than the rest of the province

The analysis of the health status of the population; the utilization of health services; the number, capacity and capability of health service providers in the North West LHIN; and most importantly the community engagement and stakeholder consultation processes have demonstrated that there are significant and, in some cases urgent, priorities for improvement. In general, the population of the North West LHIN has a high burden of illness. Within the Northwest there are several vulnerable population subgroups that would be expected to require high volumes of health care services. The Aboriginal population is especially vulnerable; it has a high burden of illness, is often located in especially remote communities and faces linguistic and cultural barriers to accessing health services. The combination of these greater needs and the challenges imposed by the geography and population distribution of the Northwest will mean that the priorities for the North West LHIN likely will be different from those of the Southern LHINs.

We have identified several key priorities for change that will allow the system to more comprehensively and effectively respond to the health service needs of the population. These are discussed briefly in the following paragraphs. It is recognized that financial and health human resources are integral to addressing the identified priority areas. It is important to note that these are all priorities for the LHIN; the order of presentation is not intended to suggest any relative importance among them.

4.1 Access to Care

Most residents of the North West LHIN report some difficulties in accessing needed health services

Access to care is a major issue within the North West LHIN. Different communities, special needs populations¹⁵ and geographies have different issues, but most residents of the North West LHIN report that they experience some difficulties in accessing needed health services. A major contributor to the difficulty in accessing services relates to the distance to the needed service and the deficiencies in transportation services. Analyses of health service utilization data confirm

¹⁵ Barriers to access to health care services can include, but not limited to: literacy level, language, culture, geography, social factors, education, economic circumstance, and mental and physical ability. Ministry of Health/Public Health Branch (1997), "Mandatory Programs and Services Guidelines."

that there are significant issues of access to service. The priority areas for improving access are discussed briefly in the paragraphs following.

4.1.1 Access to Primary Health Care

Access to primary health care was identified as a priority issue in all parts of the North West LHIN

Primary health care can be defined as a set of first level services that promote health, prevent disease, and provide diagnostic, maintenance, curative, rehabilitative, supportive and palliative services.¹⁶

There is significant evidence that primary health care in the Northwest is not effective:

- Heavy use of Emergency Departments for non urgent visits
- Admissions to hospital for primary care sensitive conditions
- High prevalence of chronic diseases.

The relatively large number of people in the North West LHIN with chronic diseases and the relatively high rate of hospitalization for ambulatory care sensitive conditions suggest a need for improvements in primary health care services, especially for health education and disease management services. The difficulties in accessing primary care physicians and other primary health care providers are likely impediments to effective health education and chronic disease prevention and management in the North West LHIN.

In addressing these issues, consideration should be given to integrated, multi-disciplinary models of primary health care that have been shown to be effective vehicles for delivering these services, especially for people with chronic diseases.

¹⁶ Lamarche, P., Beaulieu, M., Pineault, R., Contandriopoulos, A., Denis, J. & Haggerty, J. *Choices for Change: The Path for Restructuring Primary Healthcare Services in Canada*. Canadian Health Services Research Foundation. (November, 2005).

4.1.2 Chronic Disease Prevention and Management

Chronic disease management focuses on preventing disease progression and reducing potential health complications

Chronic disease management can be described as¹⁷: “A proactive, population-based approach that addresses chronic diseases early in the disease cycle to prevent disease progression and reduce potential health complications. Multiple strategies are used to improve the health of all patients diagnosed with specific conditions, not only those who visit the provider’s office. This approach reduces the subsequent need for acute interventions in the future and allows people to maintain their independence and remain healthy for as long as possible.”

North West LHIN residents report higher than average rates of chronic disease

North West LHIN residents report higher than average rates of chronic disease. This, combined with the large Aboriginal population in the Northwest, with their high incidence of diabetes, makes support for chronic disease prevention and management an important consideration for the North West LHIN as it develops its first IHSP.

Chronic disease management should be a priority in and of itself and should also be a focus of LHIN initiatives related to primary health care and integration of services along the continuum of care.

4.1.3 Access to Specialty Care

There are significant geographic barriers to accessing specialist care

The ability to access specialist physician care was identified as a concern in all communities, especially communities outside of the City of Thunder Bay. Supply issues, as well as issues of geographic distances were identified as barriers to access.

Geographic barriers to accessing specialist physicians were routinely identified, no matter how near or distant the community was from the urban centres where specialists practice. With very few exceptions, patients are required to travel to Thunder Bay or Winnipeg and often elsewhere in Ontario to access specialist care¹⁸.

¹⁷ The MOHLTC Family Health Team “Guide to Chronic Disease Management and Prevention”.

¹⁸ Participants reported that the regional joint replacement program (offered in Dryden, Fort Frances, and Kenora) was an improvement in accessing this important specialty service. Also, although there are mobile specialty services in the Northwest (the Eye Van and the Breast Screening Coach/Van) there may be additional needs that still need to be addressed.

Poor coordination in access to specialists and related supporting services are impediments to timely access to care

Providers and the public also reported that poor coordination in access to specialists and related supporting services are impediments to timely access to care. Often people would need to travel several times to access diagnostic and treatment services. Delays or cancelled appointments were reported to cause considerable hardship for people who have to travel.

Telehealth, through the Ontario Telemedicine Network, was reported to relieve some of the issues of access to specialty care, however not all specialists use telehealth. Also, it was reported that bringing care closer to where people live through visiting clinics and specialists remove some of the barriers to accessing specialty care.

Specialty groups most commonly indicated to be in short supply included psychiatry, child and youth mental health programs, dermatology and supports for dialysis and cardiac care.

Once patients are able to access a specialist physician, access to hospital treatment is as good as, or better than elsewhere in the province

It appears, from the data regarding rates of hospitalization for secondary and tertiary hospital care, that once patients are able to access a specialist physician, access to inpatient and outpatient hospital treatment (as measured by utilization rates) is as good as, or better than elsewhere in the province. However, many participants in the consultation process reported that access to tertiary care services at the Thunder Bay Regional Health Sciences Centre was difficult for those from outside the City of Thunder Bay. A strong tertiary centre is an integral component of the health system.

4.1.4 Access to Mental Health and Addiction Services

There are difficulties in accessing the entire continuum of mental health and addiction services

There are reported difficulties in accessing specialized and inpatient mental health and addiction services, from crisis care to chronic community support in all communities within the North West LHIN. An insufficient supply and rationing of services to meet the demand, and poor coordination of services were identified as factors contributing to inadequacies in the delivery of mental health and addiction services in the region.

Most communities report problems accessing specialized mental health and addiction services

Access issues were reported to be especially problematic with respect to crisis mental health care (outside of Thunder Bay and Kenora), psycho-geriatric mental health services, inpatient or specialized addiction treatment centres (outside of the City of Thunder Bay), detox options, withdrawal management programs (e.g. methadone maintenance),

transitional or supportive housing, walk-in mental health and addiction services, and limited stabilization units/safe beds for mental health crisis.

Services for children and youth were reported to be unmet needs in communities across Northwestern Ontario

Additionally, mental health and addictions services for children and youth were reported to be unmet needs in communities across Northwestern Ontario. Of particular concern is the transition between child and youth services and youth and adult services.

4.2 Long-Term Care Services

Long-term care can be provided in different settings depending on the desires, level of dependence and care requirements of each person and the availability of informal and formal systems of support

Long-term care (LTC) should be considered to include the following settings and services:

- Complex Continuing Care Hospitals and Units
- Long-Term Care Facilities
- Retirement Homes
- Supportive Housing
- Community Care Access Centres (CCACs): Chronic Home Care
- Community Support Services.

Almost 70% of patient days spent in hospital waiting for an alternate level of care are for some form of residential long-term care

People in the North West LHIN need to wait for residential long-term care services. 44% of alternative level of care (ALC) patient days in Northwestern Ontario hospitals are used by patients who are discharged to complex continuing care (chronic care). A further 23% are used by patients discharged to long-term care homes. Taken together, almost 70% of patient days spent waiting for an alternate level of care are for some form of residential long-term care.

The North West LHIN utilization of complex continuing care is significantly higher than anywhere else in the province

Even though people need to wait for access to complex continuing care, the North West LHIN age-gender standardized utilization of complex continuing care is more than double the provincial average and 90% higher than the next highest LHIN rate. The very high rate of utilization of complex continuing care in the Northwest should be examined further to determine whether it reflects the use of complex continuing care beds for a different patient population than occupies these beds in other LHINs, whether the use of these beds is appropriate and whether there are opportunities to reduce use of complex continuing care beds and increase the availability of other services, such as supportive housing, home care, and long-term care home beds.

Even though there are a large number of long-term care home beds, people in the Northwest need to wait and often need to leave their home community to access long-term care home services. As indicated previously, after being treated in hospital people need to wait to be admitted to a long-term care home. People in the community are also waiting for admission to long-term care homes. The community wait list ratio of people waiting for beds available in the North West LHIN is the second highest of all the LHINs in Ontario.

There is a need for an increased supply of alternatives to long-term care home beds

Residential long-term care (in complex continuing care and long-term care homes) is only one component of the long-term care continuum. There is a lack of alternatives to residential care for those requiring long-term care services. Providers and the public reported that there is a lack of supportive housing¹⁹, respite care beds, and limited long-term home care services. As a result, the use of long-term care home beds in the North West LHIN is higher than necessary. In some communities, access to these alternative modalities of care could reduce the demand for long-term care home beds. Consideration should be given to promoting models that support seniors aging in place. This will require collaboration between various levels of government.

4.3 Integration of Services Along the Continuum of Care

Cooperation, coordination and communication among providers were deemed to be strengths in the North West LHIN. However, participants indicated that additional sharing of information and continued and enhanced coordination of patient care would help to improve patient access and reduce duplication of health care services. Many indicated that there is a need for an improved understanding of the roles and mandates of providers in different sectors. This understanding could lead to a mutual appreciation of the challenges and barriers faced by those providing care in various settings and lead to new ways of working together, supporting an improved “system approach” to the delivery of health care services in Northwestern Ontario.

¹⁹ During community engagement, supportive housing was most frequently reported to be a need for seniors, individuals living with an acquired brain injury, and those living with mental illness. It is recognized that there are other people within the Northwest who require supportive housing.

Integration of services and service provision along the continuum of care will be important for people with chronic diseases

Improvement in the integration of services and service provision along the continuum of care will be especially important for the large number of people in the North West LHIN with chronic diseases. Because of the nature of their diseases, many of these people have ongoing rather than episodic, interaction with multiple elements of the health system. Integration of services along the continuum will improve the quality of their care and minimize the disruptions in their quality of life and health that are often caused by discontinuities in the health system.

4.4 Engagement with Aboriginal People

Aboriginal people have reduced life expectancy and poor health status compared to the general Canadian population

Canadian studies have consistently shown that Aboriginal populations have reduced life expectancy and poor health status compared to the general Canadian population.

Needed improvements in Aboriginal health and health services in Aboriginal communities were identified in many of the community engagement sessions.

There are significant geographic, language and cultural barriers to accessing services

Access to services for residents of northern remote communities (especially those without all-season road access) is an issue of significant concern. There are limited local services, and residents are challenged by the distances that they need to travel to access health services.

In addition, there are often significant language and cultural barriers to accessing services. The lack of culturally sensitive, linguistically accessible services in the LHIN poses significant challenges to both the patients and the providers of care.

A framework for ongoing dialogue between the LHIN and Aboriginal people will be necessary

The LHIN will need to develop and implement a framework for ongoing dialogue with the Aboriginal people within the LHIN. The provincial Aboriginal Healing and Wellness Strategy may be useful in informing the development of a framework to involve Aboriginal people in the engagement process.

4.5 Ensuring French Language Services

Lack of access to French language services likely is affecting the health of Francophone residents of the North West LHIN

It is reported that there is a lack of health professionals (e.g. family doctors, surgeons, specialists and nurses) who can provide services in French. This is believed to be a significant barrier to accessing health services for the Francophone population in the region. The lack of access to French language services in the North West LHIN likely affects the health of Francophone residents.

4.6 Integration of e-Health

The Ontario Hospital Association 2005 Electronic Health Record (EHR) Readiness Survey found that hospitals in the North West LHIN were generally found to be lagging with respect to implementation of internal systems, but leaders with respect to information sharing between facilities and inter-organization coordination. There are suggestions, however, that hospitals could still augment the sharing of patient related information with providers in other sectors. And even more importantly, providers in other sectors should increase their sharing and improve the capability to share within and between sectors.

A vision for ICT

The recently completed *Information and Communication (ICT) Blueprint*²⁰ provides a foundation for the data, methods and tools required by health care organizations to improve information sharing and communication along the continuum of care. The ICT Blueprint articulates distinct directions for technology, and links these back to provincial directions.

Sharing of patient information will improve the quality and efficiency of care

Although there has been much progress, most community engagement participants indicated the continuing need for an electronic patient record to make current patient information available to all providers along the continuum of care and across communities. Without such a tool, there will be duplication, inefficiencies and potentially errors. Sharing of information would allow providers to improve the quality and efficiency of care. It was suggested that sharing information along the continuum of care is especially important in addressing the needs of the large number of people with chronic diseases.

4.7 Regional Health Human Resources Plan

A stable workforce is a critical for a sustainable health care system in the Northwest

Health human resource issues were identified as a priority that must be addressed in order to implement solutions for other identified priorities in the Northwest. A stable workforce was cited as a critical element for the sustainability of the health care system in the Northwest. Achieving sustainability was reported to require the recruitment and retention of health professionals and workers. It was suggested that a regional health human resources plan could be part of the solution.

²⁰ "2005 Northern Ontario Health Information and Communication Technology Blueprint", Northern District Health Councils.

Many participants in the stakeholder consultation sessions felt that the North West LHIN should take a leadership role in developing an overall health human resources plan and strategy for the region.

4.8 LHIN Priorities and MOHLTC Strategic Directions

The exhibit following shows the relationship of the priorities for change of the North West LHIN with the draft strategic directions articulated by the MOHLTC. As can be seen, each North West LHIN priority for action addresses one or more of the MOHLTC strategic directions.

MOHLTC Draft Strategic Directions	NW LHIN Priorities for Change						
	Access To Care	Availability Of Long Term Care Services	Integration Of Services Along Continuum	Engagement With Aboriginal Communities	Ensuring French Language Services	Integration Of E-Health	Regional Health Human Resources Plan
Renewed community engagement and partnerships in and about the health care system:	X		X	X	X		
Improve the health status of Ontarians:	X	X	X	X	X		X
Ontarians will have equitable access to the care and services they need no matter where they live or their socio/cultural/economic status	X	X	X	X	X		X
Improve the quality of health outcomes	X		X	X	X	X	
Establish a framework for sustainability of the health care system that achieves the best results for consumers and the community	X	X	X			X	X

5.0 Current Activities

5.1 Community Engagement Activities

The North West LHIN has developed a Community Engagement Strategy (Appendix 1), that was disseminated widely to stakeholders (public and providers) across the Northwest. The staff and Board of the North West LHIN has met with over 1700 individuals, groups, organizations and

agencies while traveling over 15,000 kilometres and participating in 105 meetings, public and provider forums, round table discussions and one-on-one discussions. The North West LHIN also conducted two forums to begin discussions with Aboriginal stakeholders and Francophone stakeholders. Following community engagement sessions, a volunteer database was established, comprised of interested community engagement participants. The North West LHIN is continuing with community engagement activities across the Northwest and where relevant with other LHIN areas.

5.2 Health Human Resources

The Northwest has been traditionally underserved in health human resources. In recognition of this MOHLTC and local priority, to proactively respond to the emerging theme of health human resource issues for the North West LHIN, and to gain more detailed information for the IHSP, the North West LHIN hosted *New Directions, Emerging Opportunities: A Health Human Resources Forum in the North West LHIN*, for 80 participants in June 2006.

The outcome of this forum was a call to action to move forward with strategies to address the health human resource issues facing Northwestern Ontario. A document outlining the proceedings and next steps (Appendix 4) has been broadly circulated, with a request for additional input for those unable to attend the forum.

5.3 Critical Care Strategy

The North West LHIN's Critical Care Lead has developed an inventory/audit of critical care resources for the North West LHIN. Next steps will include the development of a critical care surge capacity for the Northwest and the development of an emergency management program.

5.4 e-Health Strategy

The North West LHIN is working with its e-Health Lead to coordinate information technology planning and initiatives with health providers, consistent with the provincial e-Health Strategy. The e-Health Lead also represents the North West LHIN on the ONE-Health Committee (a pan-northern information and communication technology [ICT] committee). The North West and North East LHINs are doing collaborative planning through Phase II of the *Northern Ontario Health*

Information and Communication Technology Blueprint. See Appendix 5 for ICT Background Paper.

5.5 Wait Time Strategy

The North West LHIN facilitated meetings with local providers (encompassing both administrative and clinical expertise and including several surgeons) to discuss wait times for hips and knees and cataracts. A North West LHIN Wait Time Strategy Steering Committee has been established. Both short-term (i.e. 2006/07) and long-term strategies have been identified and will be further explored.

6.0 Action Plan

Working with our partners, we will establish specific targets and timelines for improving each change initiative

Over the next three years, the North West LHIN commits to developing plans and implementing changes to address each of its priorities, to resolve issues related to these priorities and to generally improve the effectiveness and efficiency of health services in Northwestern Ontario. Working with our partners, we will establish specific targets and timelines for improvement appropriate to each change initiative. We will report on our progress in achieving our objectives for each initiative.

Additionally, we will work with the MOHLTC to improve measurement and reporting of:

- The health status of the population
- Utilization of health services
- The quantity, quality and interaction of services provided by health service providers and organizations.

Improvement in measurement will be a fundamental requirement for evaluating our success in addressing our initial priorities for change and in determining future priorities for improving the effectiveness and efficiency of the health system in Northwestern Ontario.

6.1 Access to Care

We will work to minimize the significant problems of geographic isolation and distance in accessing and delivering health services

Over the next three years the North West LHIN will further investigate, develop plans and work with others to implement system changes that will improve access to care across the LHIN. We will work to minimize the significant problems of geographic isolation and distance in accessing and delivering

health services in the North West LHIN. We will also work to reduce the barriers to care experienced by special needs populations in the Northwest.

6.1.1 Access to Primary Health Care

Our objectives related to improving access to primary care will be to:

1. Increase the percentage of the population with regular access to a primary health care provider or team of primary health care providers.
2. Better integrate hospitals in smaller communities into the delivery of primary health care.
3. Reduce the reliance on urban emergency departments for primary health care.

To achieve these objectives we will develop and implement regional and sub-regional strategies to:

- Increase local access to primary health care services
- Increase the volume of service delivered by primary care providers.

We will focus on further developing integrated, multi-disciplinary models of primary health care

These strategies will focus on further developing integrated, multi-disciplinary models of primary health care that have been shown to be effective vehicles for delivering primary health care services for populations and geographies similar to the North West LHIN. Importantly, we will seek out models that have been effective in addressing the unique needs of people with chronic diseases.

Primary Health Care Teams should focus on health education, disease prevention, health maintenance and treatment related to both physical and mental health

Ideally, primary health care will be provided through integrated, multidisciplinary teams. These teams would focus on health promotion, health education, disease prevention, health maintenance and treatment related to both physical and mental health. To better respond to the breadth of services required by the general and special populations in the Northwest, primary health care should incorporate not only family practitioners, nurse practitioners and registered nurses, but also other health professionals such as midwives, dietitians, social workers, health educators, etc. as appropriate to the needs of the population to be served.

Family Health Teams (FHTs) outside of Thunder Bay should be operationally integrated with the services of the CCAC and the closest hospital

Primary health care should be operationally integrated with the services of the CCAC and the closest hospital. In communities outside of Thunder Bay²¹, as feasible, facilities housing primary health care teams (PHCTs) should be located within (or adjacent to) the hospital so that the PHCT can both make use of diagnostic and therapeutic services of the hospital and easily support the outpatient, ED and inpatient services of the hospital. Similarly, PHCTs and the CCAC should work closely together in providing community-based and in-home care in all communities in the North West (including Thunder Bay).

Focusing on the use of multi-disciplinary teams should expand the capacity of primary health care within the region by allowing health professionals, in addition to physicians, to be involved, within their scope of practice, in responding to the needs of patients.

Importantly, pre-natal care should be provided locally by midwives, GPs, or nurse practitioners (NPs) in as many communities as possible. Hospital-based birthing programs should operate under the Society of Obstetricians and Gynaecologists of Canada MORE (Managing Obstetrical Risk Efficiently) or a similarly effective risk reduction/quality improvement program.

Primary care physicians will be able to devote more time to addressing and more often resolving the more complex medical issues of patients

Expanding the use of other professional disciplines in responding to patients' primary health care needs should allow primary care physicians to refocus their efforts. They will be able to devote more time to addressing and more often resolving the more complex medical issues of the primary health care team's patients. This should reduce the number of unnecessary referrals to specialists and thus should reduce the queues and waiting times to access specialist physicians. Also, if the capacity to provide primary health care is increased, specialists will be able to transfer patients back to their primary health care team and thus reduce the specialists' involvement in follow-up primary health care, again increasing the capacity of specialists and their ability to accept appropriate referrals.

6.1.2 Access to Chronic Disease Prevention and Management

The long term objectives for our initiatives related to chronic disease prevention and management include:

²¹ Thunder Bay is geographically too large to suggest that all FHTs should be located in or near TBRHSC.

1. Reduce the episodes of acute care related to chronic diseases.
2. Improve access to treatment and disease management services for people with chronic disease.
3. Reduce the incidence and prevalence of chronic disease in Northwestern Ontario.

We will develop and implement health education, disease prevention and disease management strategies for chronic diseases of particular importance to population groups in Northwestern Ontario

The North West LHIN will work with public health and primary health care providers across the Northwest to develop and implement a chronic disease prevention and management strategy appropriate to the chronic diseases of particular importance to population groups in Northwestern Ontario.

The LHIN's efforts in improving primary health care and improving integration of services along the continuum of care will include a focus on the needs of people with chronic diseases.

The North West LHIN will explore specialized programs in long-term care homes for target populations (e.g. younger clients, Aboriginal clients, those with acquired brain injuries (ABI), those with dementia, developmentally challenged clients and others).

6.1.3 Access to Specialty Care

6.1.3.1 Access to Specialists

Our objectives for this initiative will be to:

1. Reduce the number of unnecessary referrals to specialist physicians.
2. Reduce the wait time for initial access to a specialist physician.
3. Reduce geographic barriers to accessing specialist physicians.

To achieve these objectives we will develop and implement regional strategies to improve access to medical specialists.

As has been discussed, increasing the supply and capacity of primary health care providers will reduce the use of specialist time in providing primary health care type assessments and follow-up care. This should free up specialist time for addressing the needs of appropriate referrals, decrease wait times for specialists and expedite treatment.

We will work with our partners to increase numbers of necessary medical specialists and sub specialists available within the North West LHIN

Selectively, and based on its Health Human Resources Plan, the North West LHIN will work with our partners to increase numbers of necessary medical specialists and sub specialists available within the North West LHIN. This too will reduce the wait time to access a specialist for assessment and treatment planning.

We will work to increase the number of specialists conducting traveling clinics

Additionally, we will work with providers to explore options to increase the number of specialists conducting traveling clinics and providing specialized diagnostic and therapeutic services in communities outside of Thunder Bay. This will both reduce the geographic barriers for patients and increase the interaction between specialists and primary health care providers in communities outside of Thunder Bay.

6.1.3.2 Reduce Wait Times for Specialty Treatments

We will focus on improving the queuing mechanisms for accessing services so that patients with the highest need have priority access

Over the next three years the LHIN will investigate the types of diagnostic and treatment services that have lengthy wait times. For these services, in concert with the provincial Wait Time Strategy, the LHIN will work with providers, across the continuum of care, to develop plans to achieve the following objectives:

1. Reduce wait times for services.
2. Improve throughput for services.
3. Increase capacity to provide services.

Wait time for treatment is a function of availability of human resources, technologies and facilities; systems and processes for providing treatments; and the queuing models used for accessing these resources and systems. The focus of our initiatives will be:

- Improving the queuing mechanisms for accessing services
- Better management of the queues for service to ensure patients with highest need have priority access
- Improving the efficiency of service delivery
- As necessary, increasing service capacity.

6.1.4 Access to Mental Health Services and Addictions Services

We will work to ensure timely access to appropriate mental health care and addiction services for residents of the North West LHIN

The North West LHIN will further investigate, develop plans and work with providers to:

1. Reduce barriers to accessing existing mental health and addiction services.
2. Expand the capacity to provide mental health services and addictions services.
3. Improve the effectiveness of mental health services in treating and managing mental health disorders.

An important component of this initiative (in conjunction with the initiative to increase the capacity to provide primary health care) will be the investigation of a 'shared-care' model for mental health services that relies heavily on primary health care providers to be integral components of the system for maintaining and restoring mental health. Particular attention will be paid to developing and implementing models to ensure access to appropriate and timely mental health care for residents of the more remote parts of the North West LHIN.

Additionally, we will work to enhance and improve support for local crisis intervention services and improve access to outpatient and inpatient crisis services in Thunder Bay and Kenora.

The focus of these initiatives will be:

- Increase the range of specialty services that are provided within the LHIN
- Improve access to specialized services
- Improve the integration of mental health and addiction services
- Improve the coordination and communication between mental health and addiction services with other health care sectors (e.g. hospitals, home care, primary health care, etc.).

6.2 Availability of Long-Term Care Services

We will develop and implement a plan to realign current LTC capacity to best meet the needs of the population

The North West LHIN will develop a plan to realign and/or increase the current long-term care capacity to better meet the needs of the population. The objectives of these initiatives will be to:

1. Reduce the number of people requiring residential long-term care.
2. Reduce the length of time people wait in acute care hospitals for access to long-term care.
3. Reduce the length of time people wait in the community for access to long-term care.

The North West LHIN will work with providers to investigate the appropriateness of the current use and availability of different modalities of long-term care and to develop strategies for improvement. The North West LHIN will also work with the MOHLTC to determine the current and future need for each modality of long-term care:

- Home Support
- Home Care
- Supportive Housing
- Long-Term Care Homes
- Complex Continuing Care
- Respite Care.

An important consideration in these analyses will be the importance of keeping people in their homes and in their home communities for as long as possible taking into account issues of quality of life, quality of care and efficiency of care.

6.3 Integration of Services Along the Continuum of Care

We will work with providers to identify and adopt best practice models for improving the flow of patients along the continuum of care

The North West LHIN will work with health service agencies to identify and adopt best practice models in Ontario and beyond for eliminating barriers and improving the flow of patients along the continuum of care. The objective for these initiatives will be to:

1. Improve the timeliness of care.
2. Improve the effectiveness of care.

3. Improve the efficiency of care.

The focus of these initiatives will include:

- Improving information sharing among providers
- Facilitating the movement of patients between providers in different geographies within a sector (e.g. between different acute care hospitals)
- Facilitating the movement of patients between providers in different sectors within or across geographies.

Integration of services will be especially important for patients with chronic diseases who have ongoing rather than episodic interaction with multiple elements of the health system.

We will also continue to focus on improving movement of patients to and from tertiary care services in Thunder Bay and centres outside of the North West LHIN.

6.4 Engagement with Aboriginal People

The purpose of the engagement process is to establish a collaborative relationship with Aboriginal people to achieve improved health status.

We will work with Aboriginal communities to better understand and address issues of access to health care services

The North West LHIN will work with Aboriginal communities (and as appropriate the Federal Government and others) to better understand and address issues of access to health care services. The initial focus of our efforts will be to:

- Increase and improve local delivery of health services
- Improve the cultural sensitivity and linguistic accessibility of services provided in district and regional centres.

In addressing the health service needs of Aboriginal peoples in the Northwest, the LHIN will need to better understand non-MOHLTC services being provided by and to Aboriginal people within the North West LHIN.

The provincial Aboriginal Healing and Wellness Strategy may be useful in informing the development of a framework to involve Aboriginal people in the engagement process.

6.5 Ensuring French Language Services

We will work to increase the availability of health services that are provided in French

We will encourage and support initiatives designed to attract and retain French speaking service providers and facilitate access to French language health services. The focus of these initiatives will be to reduce language barriers to accessing health services for the Francophone population in the region.

The primary vehicle for addressing this issue will be the Regional Health Human Resources Plan. We will also work with French Language Health Services (MOHLTC), provider agencies, and other stakeholders to increase the availability of services and supporting health education materials that are available in French.

6.6 Integration of e-Health

The objective of this initiative will be to improve the sharing and exchange of patient information among providers along the continuum of care for individual patients with the goal of providing better, safer and more efficient care.

We will work with providers across all sectors to develop and implement an integrated strategy for acquiring and deploying e-health technologies

Building on the 2005 *Northern Ontario Health Information and Communication Technology Blueprint*, we will work with providers across all sectors in the LHIN to first develop and then implement an integrated strategy for acquiring and deploying e-health technologies (e.g. Electronic Health Record, Picture Archiving Communication System (PACS), telehealth, etc.) by the providers within the North West LHIN. The North West LHIN will then assist and monitor providers' performance in the implementation of the e-health strategy.

6.7 Regional Health Human Resources Plan

We will develop a model for the most effective and efficient recruitment, distribution and retention of health human resources in the different sub-areas of the LHIN

A foundational element of our work over the next three years and a prerequisite for our objectives related to improving access to care will be our efforts in the area of health human resources.

We will develop an understanding of current health human resource requirements across the LHIN and in each sub-area. We will initiate activities to develop a model, in alignment with HealthForceOntario, for the most effective and efficient recruitment, distribution and retention of health human resources in the different sub-areas of the North West LHIN.

A critical early focus of the health human resources plan will be developing a strategy that will improve the population's access to primary health care services.