



Health System Transformation in the Northwest:

A Discussion with Physicians

A) Introduction

Engaging stakeholders across the Northwest remains a priority of the North West Local Health Integration Network (LHIN). Not only is ongoing engagement mandated through legislation (*Local Health System Integration Act, 2006*), it is integral to the North West LHIN in ensuring that decisions and priorities reflect local needs and realities, with input from the people receiving, providing and supporting care in Northwestern Ontario.

Physicians are an important stakeholder group to engage in LHIN planning and activities. Since its inception in late 2005, individual physicians have been involved with the North West LHIN by attending sessions and participating on committees, however to-date a focused session for physicians has not been held.

On June 12, 2008, the North West LHIN, in collaboration with the Thunder Bay Medical Society, hosted its first physician-specific discussion. The dinner session was held in Thunder Bay and 45 people participated, including physicians (n=35), the OMA regional representative, North West LHIN Staff and Board members. The dinner session was three hours in duration and was facilitated by Jan Elliott, PhD. To ensure that the session would be relevant to and meet the needs of the physician audience, Dr. Jim Middleton and Dr. Marie-Pierre Carpentier were involved in the initiation, planning and marketing of the discussion session.

B) Dinner Discussion

After individual discussions with many physicians from Thunder Bay and across the region, the need to provide information about the LHIN and opportunities for how physicians might be involved was identified. The dinner on June 12th presented an opportunity for an initial discussion between the North West LHIN and physicians, and provided some suggestions on which future activities and engagement might be based.

The **purpose** of the dinner discussion with physicians was three-fold:

- To determine ways to continue and improve communication and engagement of physicians in local health system planning and priority-setting in the Northwest;
- To identify opportunities for collaboration to improve patient/client care in the Northwest; and
- To provide information on the mandate, priorities, direction and activities of the North West LHIN (including time for questions and discussion).

To stimulate thinking before the session, all registrants who had provided an e-mail contact were posed the following **questions for reflection**:

- What areas/issues could benefit from physician advice and involvement to help enable change in the health care system in the Northwest?
- What issues/concerns would have greatest potential for change if LHINs and physicians worked together on them?

C) *Session Summary*

Following dinner, the session was initiated with introductions and welcoming remarks from Gwen DuBois-Wing (North West LHIN CEO), Jan Elliott (facilitator), Dr. Jim Middleton (Thunder Bay Medical Society President and session planning committee) and Dr. Marie-Pierre Carpentier (session planning committee).

A presentation by Gwen provided information on the North West LHIN, including its mandate, priorities identified through community engagement and data analysis as outlined in the *Integrated Health Services Plan*, LHIN activities to-date and future directions/plans. Following the overview presentation on the LHIN, there was an opportunity for physicians to ask questions of the LHIN senior team (Gwen DuBois-Wing and Senior Directors Laura Kokocinski and Andy Gallardi).

Questions posed by physicians were themed around the following:

- The addition of priorities to the list presented or how they were currently captured (i.e. obesity)
- Opportunities to engage physician groups such as Medical Advisory Committees or Medical Societies
- The spending and focus of funding related to Urgent Priorities
- Plans for addressing/identifying health status disparities and access issues in Aboriginal populations
- The Affiliation Agreement between the North West LHIN and Northern Ontario School of Medicine (NOSM), i.e. what the agreement entails and the role of the LHIN in addressing issues related to infrastructure, compensation and planning
- The process for appointment to the LHIN Board

Following the presentation on the LHIN and the corresponding question and answer session, information was presented on how physicians have been engaged with the LHIN to-date and opportunities to be involved were presented, with an opportunity for participants to provide additional suggestions. Opportunities to get involved included:

- Committees, with current vacancies including:
 - Seniors' Services Advisory Team
 - Health Human Resources Roundtable
 - Health Professionals Advisory Committee (outside of Thunder Bay if possible)
 - Communities of Interest
- Panels
 - Time limited; task-specific
 - May be local or provincial

- Community engagement sessions
 - Provider and public sessions in communities across the Northwest
- Education sessions, forums, sharing of best practices
- Inclusion in distribution list to receive the following information:
 - Newsletters
 - Upcoming events
 - Funding opportunities

In small groups, participants discussed the following questions, reporting to the larger group at the end of the evening:

1. What issues/topics require our shared attention most immediately?
2. Which of these issues offer the greatest potential impact if the LHIN and physicians worked together?
3. How can the LHIN involve physicians in a way that is practical and workable (i.e. what are useful ways for working together)?

Notes from all small groups have been recorded and will be helpful to the LHIN in future planning and ongoing engagement/communication with physicians. The discussion within the larger groups (including report backs from all tables) has been summarized into the themes below.

D) Table discussion summaries

Questions 1 and 2

Opportunities to develop local solutions

- We need to voice and celebrate how we are different in the Northwest. The relationships and innovation existing in the region will be strengths as we move forward.
- Telemedicine, outreach clinics and mobile services exist in Northwestern Ontario, increasing access to care (especially specialty services). There is an opportunity to expand the number/type of services provided in these non-traditional ways.
- A large number of First Nations communities are very remote, requiring different methods of service delivery to a population that often has poorer health status and access to service than other communities in the Northwest. Jurisdictional issues were mentioned as a potential barrier to improving services for Aboriginal people.
- Appointing a physician to the North West LHIN Board was suggested (although recognized that this would require a change in legislation).

Access to Quality Care

- Lack of access to primary care was identified as an issue.
- Realities of physician practice in our region differ from the province, given geography and population and must be reflected in narrative accompanying data such as the ratio of physicians to population to adequately reflect the situation in the Northwest.
- Care needs to be patient-centred/patient-focused. We need to all be looking at the system and care experience from the client's/patient's perspective.

Alternate level of care

- An issue that is affecting the entire system; and resulting because of the system.
- Results in huge bottlenecks in the system.
- Occurs because of a lack of adequate primary care and leads to poor continuity of care.
- Need some short-term solutions to relieve current pressures, but long-range plans to ensure that system issues are addressed.
- Length of stay has to be reduced; improving chronic disease prevention and management will be fundamental.

Prevention

- Opportunity for stronger links between primary care, the LHIN and public health was identified.
- Specific topic areas were raised, including obesity (prevention and intervention) and healthy living (e.g. walking trails, affordable nutrition).
- Opportunities for public education and education for providers on prevention strategies were mentioned.

Education

- Opportunity to provide medical direction and planning for Community Care Access Centre (CCAC) and to provide education to increase the services that are available in the community (i.e. G-tube maintenance).

North West Local Health Integration Network

- Northern Ontario School of Medicine (NOSM) provides a huge opportunity in the Northwest; recruitment planning and evaluation will be required to maximize the opportunity NOSM provides to address health human resource issues.
- Sharing of innovation across the North West LHIN and other jurisdictions is needed. If there is something that works well locally, it should be supported and shared broadly.
- The need for understanding and input into funding formulae and decision-making was identified.
- It was suggested that it would be helpful for physicians in Thunder Bay to have a better sense of what issues existed for physicians in the region in terms of geographic access to service.

Northern Ontario School of Medicine

- Identified as great opportunity for addressing recruitment and retention issues in the North West LHIN.
- Need for physicians, LHIN and NOSM to work together to integrate planning, compensation, learning/teaching and practice.
- Issues faced in the North West LHIN (and North East LHIN) will be different than for other areas of the province, given the differences in environment, infrastructure and lack of full-time faculty.
- Concern that changes required to deal with issues that arise (or identified as future problems) are not being dealt with quickly enough to address current (and changing/future) needs was identified.

Question 3

Although there was not enough time to thoroughly discuss ongoing communication and engagement strategies during this session, communication was identified as being integral to engaging physicians and to transforming the health care system.

Suggestions for communicating with/engaging physicians included:

- Working with physician associations, societies and committees (e.g. Thunder Bay Medical Society, Medical Advisory Committee) to increase reach of communications;
- Distributing relevant information to physicians on an ongoing basis;
- Having physician(s) membership on LHIN committees and the LHIN Board;
- Polling physicians via e-mail or survey to solicit input and determine interests/needs;

- Ensuring that any time commitments involved are well communicated;
- Including physicians in planning and priority-setting/decision-making activities; and
- Including physicians in policy development and other areas that they may have an interest, influence and/or have an impact.

Next Steps

The North West LHIN will continue to engage physicians (individuals and groups) from across the LHIN in its planning.

1. We aim to increase physician involvement in LHIN planning and decision-making activities by working together on some of the ideas presented, for example:
 - Fill vacant membership on LHIN committees. Current vacancies include the Health Professionals Advisory Committee, Health Human Resources Roundtable and Seniors' Services Advisory Team.
 - Engage physicians in HealthForceOntario's recruitment and retention initiatives through the Community Partnership Coordinator (see attached letter).
2. Sessions for physicians will be held outside of the City of Thunder Bay in the coming months, in a format(s) that will be most suitable, as identified by physician leaders in these communities.
 - The LHIN will circulate the feedback from other physician engagement sessions to all physicians in the region (please provide contact information to be included in LHIN distribution list).
 - As appropriate, follow-up engagement activities will be planned with the support of interested physicians.
3. We will aim to increase the understanding of the LHIN and the number of physicians receiving LHIN communications about upcoming activities or other relevant information.
 - To increase communications with physicians across the LHIN, we will use the suggestions from: participants at the dinner discussion; regional physicians; those who are unable to attend a session; individuals and groups who have met with the LHIN; and methods that have proven successful in other LHINs/jurisdictions.
 - To receive information on upcoming activities, newly released reports and data sources and funding opportunities from the LHIN, physicians from across the Northwest will be provided the opportunity to provide their contact information to the LHIN, supporting ongoing and direct communications.

North West Local Health Integration Network

To ensure that physicians have a voice in local planning, priority-setting and decision-making related to health care in the North West LHIN, please submit suggestions for opportunities to partner and to meet with physician groups and/or individuals, activities of potential interest and ideas for improving communications to:

Kristin Shields, Senior Consultant, Planning and Community Engagement, at kristin.shields@lhins.on.ca or (807) 684-9425 ext. 2016 or (866) 907-5446 ext. 2016.