



Issue 1 - March 2007

LHINKAGES

CONNECTING OUR COMMUNITIES IN HEALTH

A Message from the Chair & CEO

Welcome to the first edition of *LHINKages* – the newsletter for the North West Local Health Integration Network (LHIN). *LHINKages* will be a forum for connections in the North West LHIN.

After extensive community consultation and research, the North West LHIN released our first Integrated Health Services Plan (IHSP) in November of 2006. This plan identifies the strategic priorities for change in Northwestern Ontario's health care system over the next three years. Progress in advancing the priorities will be a regular feature in *LHINKages*. The IHSP is available on our website at www.northwestlhin.on.ca.

Currently work is underway on several of the strategic priorities designed to improve access to health services. Northwestern Ontario has a higher prevalence of chronic illness than other areas of the province, making this an

important area for change. The Chronic Disease Prevention and Management Strategy is in the early stages of development. While several community engagement and capacity building sessions have taken place, further events are planned. Information on current and upcoming activities is outlined in this edition of *LHINKages*.

Northwestern Ontario is fortunate to have several initiatives to improve the application of information and communication technology (ICT) solutions to provide better and more accessible services to the region's residents. Work is underway to advance several projects in the Northwest. Current and future activities in e-Health will be highlighted in an upcoming North West LHIN newsletter.

The Wait Time Strategy, a recurring section of *LHINKages*, is an important component in improving access to services. The North West LHIN has moved forward with this initiative in collaboration with providers currently participating in the Wait Time Strategy. There will be ongoing opportunity for providers to identify and support implementation strategies to improve patient access to services within the LHIN.

This is a busy time as the North West LHIN prepares to assume responsibility for funding on April 1, 2007. While much of our activity is focused on preparing the organization to more fully assume its mandate, we continue to meet with individuals, groups and organizations as we engage in new conversations. The opportunity for our LHIN Board to engage in dialogue with Health Service Provider boards in the Northwest represents one such important initiative.

It is an exciting time in the evolution of the Local Health Integration Networks. Stay tuned for further updates in the next edition of *LHINKages*.

Dr. John Whitfield, Chair
Gwen DuBois-Wing, Chief Executive Officer

www.northwestlhin.on.ca

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What is the North West LHIN? What will it do?

The North West LHIN is a non-profit organization established in June 2005. It covers the Thunder Bay and Rainy River Districts and most of the Kenora District, and is headquartered in Thunder Bay.

The North West LHIN will not directly provide health care services. It will work with health care providers, communities and the public to set priorities and plan health services in Northwestern Ontario. It will oversee the integration and coordination of local health services in order to make it easier for patients to access the care they need. And, it will allocate funding for health services in Northwestern Ontario, including those services delivered in:

- Hospitals
- Community Care Access Centres (CCACs)
- Community support service organizations (e.g. homemaking, personal assistance, etc.)
- Long-term care homes
- Community Health Centres
- Community mental health and addictions agencies

The North West LHIN is about improving the quality and accessibility of health care for all residents of Northwestern Ontario through better integration and coordination of health services. It is based on the principle that health care services are best planned at the local level, by people who know the needs and priorities of their communities.

The North West LHIN

One of 14 LHINs, the North West LHIN covers 47% of the geography of Ontario. Our LHIN includes the areas from White River and Greenstone in the east to the Manitoba border in the west, from the U.S. border in the south to the James Bay coast in the north. The North West LHIN has the smallest population of any LHIN, but the greatest proportion of Aboriginal/First Nations people. In the North West LHIN there are 13 hospitals, 1 Community Care Access Centre, 2 community health centres plus their satellites, 21 long-term care homes, and over 60 community support service agencies.

Integrated Health Services Plan

The Integrated Health Services Plan, approved by the North West LHIN Board on October 23rd, provides an assessment of local health care needs and existing health services in Northwestern Ontario; identifies priorities for health system improvements in our region; and sets out action plans to address these priority health care issues. The plan will guide the activities of the North West LHIN over the three-year period starting in April 2007.

Priorities outlined in the IHSP include:

- Access to Care
 - Access to Primary Health Care
 - Chronic Disease Prevention and Management
 - Access to Specialty Care
 - Access to Mental Health and Addictions Services
- Long-Term Care Services
- Integration of Services Along the Continuum of Care
- Engagement with Aboriginal People
- Ensuring French Language Services
- Integration of e-Health
- Regional Human Resources Plan

How Can I Get Involved?

Information on upcoming community engagement activities, events, volunteer opportunities and board recruitment is available at www.northwestlhin.on.ca or by calling (866) 907-5446 (toll-free) or (807) 684-9425.



Building the System:

Developing a Chronic Disease Prevention and Management Framework for the Northwest

According to the 2003 Canadian Community Health Survey (CCHS), almost 80% of Ontarians over the age of 45 have a chronic condition, and about 70% of these people have two or more chronic conditions. Examples of chronic disease include asthma, high blood pressure, diabetes, heart disease and arthritis. The economic burden of chronic disease is estimated to be 55% of total direct and indirect health care costs.

In response to this significant issue, the Ministry of Health and Long-Term Care has developed a Chronic Disease Prevention and Management Framework intended to guide efforts toward effective prevention and management of chronic disease. Family Health Teams are also developing pro-active, population-based approaches that will ultimately allow people to maintain their independence and remain healthy for as long as possible.

The residents of Northwestern Ontario experience higher than average rates of many chronic diseases including, asthma, high blood pressure, diabetes, heart disease and arthritis. It is therefore not surprising that access to chronic disease prevention and management was identified as a priority for change in the North West LHIN's Integrated Health Services Plan (IHSP).

To support change in the area of chronic disease prevention and management, the North West LHIN has hosted two speaker sessions and one focus group. Additional knowledge building sessions are in the planning stages.

In the fall of 2006, a roundtable dialogue on chronic disease prevention and management took place with Dr. Michael Rachlis (www.michaelrachlis.com). Different models and approaches to effective management of chronic diseases in rural and remote communities and the changing role of primary health care providers were discussed.

In February, 2007, a session was held with Mike Hindmarsh (co-creator of the Chronic Care Model) who shared his expertise in the Chronic Care Model (www.improvingchroniccare.org). The need for chronic conditions to be managed outside of the acute system was a key theme in this presentation. Mr. Hindmarsh described the acute system as designed to “rescue, respond,

repair and return” clients to their previous state of health. The Chronic Care Model offers a comprehensive alternative to this episodic approach to care.

Over 90 people participated in these two sessions via videoconferencing (through the Ontario Telemedicine Network) from across the Northwest.

In order to gain a better understanding of chronic disease prevention and management in the context of Northwestern Ontario, the North West LHIN hosted a three-hour

videoconference focus group session on January 30, 2007. Twenty-one participants from throughout Northwestern Ontario attended the session with representation from consumers and various health professions.

The intent in hosting the session was to enhance understanding of chronic disease prevention and management issues in the Northwest and identify some potential next

steps. The slides from the presentations by Dr. Michael Rachlis and Mike Hindmarsh are also available on the website.

The North West LHIN will continue to work with providers and consumers from across the Northwest as the Chronic Disease Prevention and Management strategy evolves. Please consider the following opportunities to become involved in LHIN initiatives.

Opportunities for Involvement Include:

- Complete the volunteer form on the North West LHIN website
- Visit the Chronic Disease Prevention and Management section of the website to review past presentations and relevant readings
- Sign up to receive information on upcoming events and opportunities

**Life is not merely
to be alive, but to
be well.**

Marcus Valerius Martial

