

## North West LHIN Health Service Provider Engagement in the District of Thunder Bay IDN

**October 17, 2014**

### **INTRODUCTION**

In the fall of 2014, the Health System Design and Development (HSDD) team led five community engagement sessions with funded health service providers (HSPs) across the region. These sessions were designed to:

- Share information regarding the current planning initiatives and receive feedback from stakeholders
- Engage in dialogue related to local health system issues to build the 4<sup>th</sup> Integrated Health Services Plan
- Build relationships between HSPs and LHIN planning consultants in each integrated district network (IDN)

### **MEETING DETAILS**

The HSDD team provided brief presentations highlighting current planning initiatives followed by an opportunity for participants to provide feedback and ask questions. The presentation outlined current planning initiatives in the areas of:

- Chronic disease prevention and management (CDPM)
- Access to care
- Mental health and addictions
- Seniors and palliative care

Following the presentations, a world café knowledge sharing forum was hosted by the HSDD team titled, 'The Harvest Café'. Participants were invited to rotate between three discussion tables hosted by the senior consultants. Table themes included chronic disease prevention and management, access to care and mental health and addictions.

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The HSDD team invited various levels of management representing health service providers and local health care providers from the District of Thunder Bay IDN to an engagement session on October 17, 2014. The session was held at the Wilson Memorial General Hospital in the facility's board room.

In order to set the stage for the discussion, participants were invited to reflect on the Café's central question:

***How are we going to move health care forward in our region?***

The following questions were proposed to each group to guide the discussion:

- What successes can we acknowledge?
- What challenges might come our way and how might we meet them?
- If our success was completely guaranteed, what bold steps might we choose?
- How can we support each other in taking the next steps (LHIN vs HSP)? What unique contribution can we each make?

Qualitative data in the form of notes from each table's discussion were collated and examined for common themes using content analysis. The following themes and points of discussion were the key findings resulting from the District of Thunder Bay IDN engagement session.

**MAIN THEMES ARISING FROM HARVEST CAFÉ**

**Table 1: Chronic Disease Prevention and Management**

In the CDPM table discussions several key themes were brought forward:

**Francophone services**

Francophone populations in the District of Thunder Bay IDN were identified as having some unique challenges in accessing care:

- More than 10% of the population is comprised of seniors who are beginning to have increased health needs
- Francophone populations may be waiting until the acute stage of illness before accessing care due to lack of appropriate language services
- There is a lack of 'le français langue seconde' (FLS) programs in the district for people to learn French
- As people age, English is lost
- Francophone seniors want to remain independent as long as possible and are fearful of long term care
- Access to home care may be limited due to lack of French language services
- Language barriers exist in accessing primary care by Francophone populations
- Lower healthy literacy may exist due to limited French speaking health care professionals

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- Collaboration between English and French organizations needs to be strengthened and should go beyond health care services
- The prevention piece plays an important role in chronic disease but there is a need to ensure that health resources are always offered in both French and English. English only resources can be an immediate barrier to informing clients and enabling access to care
- Success was acknowledged in the introduction of an OTN pilot being offered in French
- Collaboration between health care professionals based in Marathon and Francophone communities in the district needs to be improved

### **Physical activity and physiotherapy**

Limited access to physiotherapy and services that promote physical activity exists in the IDN:

- Participants indicated that there are lengthy wait times for physiotherapy across the district. Depending on the mobility level, clients may have to wait one year or more particularly after having surgery or post injury
- Funding for community based exercise programs was identified as a need by participants. Collaboration between different organizations must occur to help bridge community services. Access to program space for exercise classes was also identified as a challenge.
- There are few exercise programs being offered in French
- Health care professionals need to become stronger advocates for exercise programs for their patients
- Setting a culture/expectation for exercise programs in health care settings should be encouraged

### **Transportation**

Access to appropriate transportation was identified as an issue across the IDN.

- Existing transportation services are being fully utilized and there is a need for additional vehicles to support the demand pressures
- Concerns were raised regarding inflexibility in the criteria to use this transportation to access additional health related services such as the local pharmacy

### **Food security**

Secure access to healthy foods was recognized as an issue for many communities in the IDN:

- A lack of Meals on Wheels services anywhere in the district
- Affordability of fresh food was a noted challenge. Access to the Good Food Box program was suggested with education on meal preparation using the food items in the Good Food Box

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## Self-management programs

Positive feedback on evidence based self-management programs in health care provision was provided:

- The Stanford self-management program was recognized as a success in several communities in the IDN. Increasing attendance rates by patients and the involvement of nurses and foot care nurses is positively regarded. Having health care professionals share their own experiences of living with diabetes creates a valuable opportunity for education
- Family health team providers should be encouraged to incorporate evidence based self-management into their practice
- Telehomecare is being utilized in the district. However, participants discussed the challenges with ensuring continuity of care and regular follow up by a clinician for these clients. Concerns were raised regarding whether responsibility for these clients lies with local health care providers or those based in Thunder Bay
- A self-management program is being offered through the Niagara Francophone community health centre and work is underway to explore opportunities to share this program with Francophone populations in the district
- The Peer Education Program (PEP) being run in Marathon is seen as a big draw to community members
- Self-management programs should continue in communities across the IDN. It was suggested that people in small communities may not attend right away and these types of programs should be offered on a regular basis in conjunction with widespread promotion to meet client needs

## Access to CPDM services

- Participants agreed that there are challenges in securing sufficient and sustainable human health resources in the district
- Some participants acknowledged a shift in opinion regarding the use of point of care testing (POCT). The use of POCT might reduce the high costs associated with lab call backs
- Health literacy is an important part of chronic disease management
- An action plan should be developed for system navigation. This should be incorporated in self-management process
- Some patients may not be interested in the self-management process and providing patient centred care should remain the priority
- Social determinants of health need to be addressed for successful chronic disease prevention and management to occur
- Use of telewound is welcomed in the community. Some concerns regarding the high cost of recommended dressing supplies were brought forward
- Foot care is not currently offered in all communities in the IDN
- Participants suggested a need to broaden the perspective of chronic disease beyond diabetes and to focus attention on cancer, dementia, arthritis, chronic pain and palliative care
- There is a need to integrate mental health into chronic disease prevention and management

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- Services that might help ameliorate feelings of loneliness and isolation among individuals living alone should be increased. When people feel good they will be better able to manage their health conditions particularly those living with chronic pain or recently discharged after surgery. Regular social contact could help to support emotional health
- The ability to share client information between health care providers was acknowledged as an area of improvement so patients only have to tell their story once
- The aging population means an increase in individuals living with dementia. Currently there are no memory clinics in NW LHIN and this gap was identified as a regional need
- More collaboration should occur between primary care providers and professionals working in primary prevention
- Enabling health care professionals to practice to their full scope would build a more efficient system. Physicians have the ability to diagnose but there are other professionals that can complement this. The role of the physician is becoming coach, cheerleader and geriatrician. As the population ages, need for a team approach to client care is currently evolving

## Governance

Participants made suggestions regarding the wider governance issues within the health care system and described what a new model might look like:

- There is a need to reconsider independent board structure at the health service provider level and move towards a more collaborative governance approach. Strategic directions and organizational plans should align within the IDN. One participant described 'hubs of intention'
- Participants suggested that key components of an ideal state for the region included a system that is highly integrated with coordinated alignment, consolidation of reporting, and aligned strategic directions across all sectors

## Table 2: Mental health and addictions

Several key themes were identified from the discussions regarding mental health and addictions:

### Appropriate provision of care

- It was acknowledged that at times it can be difficult to identify what resources might be lacking in order to support the client in coming to terms with managing their own care. There needs to be the opportunity to choose from various treatment options
- Having social workers is crucial in creating local capacity to manage mental health and addiction
- When addressing mental health and addiction, health care providers need to assess who the patient is and how they are doing rather than where they come from

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## **Aboriginal populations**

Participants voiced their concerns regarding the high burden of mental health and addiction affecting Aboriginal populations in the IDN.

- A comparison was shared involving two local First Nation communities that are close in proximity but have had very different outcomes in terms of managing mental health and addiction. A difference in leadership was identified by participants as influencing community progress
- There is stigma associated with speaking out about mental health in many communities

## **Physician financial incentives**

Some concern was expressed regarding the use of financial incentives in physician practice, particularly in the prescribing of methadone.

- There is a perceived need to have consistent standards for treatment that align with responsible treatment practices and physician accountability rather than the pursuit of financial gain

## **Generational Impact**

Significant discussion was centred on mental health and its impact on the family and younger generations.

- Family dynamics within the district are multilayered where several members within a single family may be living with some kind of medical issue
- Intergenerational trauma is a driving force behind mental health issues in the IDN
- People in the IDN are living with multiple comorbidities with the impact being felt by all members of the family. It was noted that added stress is placed on a potential caregiver who may be caring for someone with a mental health issue while also managing their own

Participants also discussed the growing mental health needs of children and youth across the District of Thunder Bay IDN.

- There are a high number of youth deaths due to suicide in local First Nation communities
- Children and youth need to be better equipped with coping skills to manage mental health issues
- Early detection/early support is needed
- Mental health nurses or other specialized clinical supports should be available in the local schools
- Targeted prevention efforts specifically for youth should be established in the district
- There is a need to shift towards a model of 'social paediatrics' that would include addressing underlying social and economic issues while providing care to the young patient

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## Social Determinants of Health

Addressing the underlying social determinants of health was identified as an essential component of mental health.

- The impact of underlying factors such as stress, oppression, grief, anxiety were identified as potential reasons for a patient being unable to effectively manage their mental health
- A need to consider holistic approaches to mental health and addiction services was identified with particular focus on bringing services to those who might be impacted
- Successful outcomes for people is highly dependent on existing socioeconomic determinants
- Access to housing is a key component in successful mental health and addiction management

## Access to mental health and addiction services

Some challenges and opportunities related to accessing mental health services were identified by participants:

- Human resource issues were identified in regards to recruitment and retention of health professionals in the IDN while the demand for these services continues to increase
- Staffing concerns and eligibility criteria may inhibit the delivery of services resulting in limited access for patients
- Workload and district geography does not always align with the funding that is available
- Funding silos pose a challenge that may result in an interruption of service delivery
- Education for patients and families on the power of attorney needs to be improved
- Primary care should have sufficient time with clients. Spending time 'just to listen' is very important
- The Francophone population in the district often faces significant barriers to accessing health care. Limited mental health and addiction services are available in French. Language barriers may prevent people from seeking care in a timely manner which could result in clients waiting until the situation develops into a chronic/acute state
- Accessing mental health and addiction services in a timely manner is critical to supporting the patient. Lengthy wait times may hinder the client's motivation and result in the client not seeking care
- It would be beneficial to have a social worker available to link individual to all services both locally and regionally
- The framework for care should involve wrapping a multitude of services around a client rather than focusing on the acute/episodic incident
- Participants noted that there is success in having CCAC now able to flag clients that have mental health issues
- OTN is currently being used in the district and should be more widely used for psychiatric consults and other mental health professionals

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- There is a need to create an innovative and flexible financial model to encourage rural physician recruitment

## Collaboration

There was discussion around the need for collaboration both among health services providers in the District of Thunder Bay IDN and at the ministerial level in order to improve accessibility for patients.

- Small rural communities have limited resources and it is important to determine where there may be overlap in services and explore opportunities to collaborate
- There is a potential disconnect between mental health and addiction services and primary care
- A collaborative discussion should occur around potential to share resources among multiple HSPs including both funding and human resources
- Participants identified a need for inter-ministerial collaboration when attempting to address mental health and addiction issues to ensure that all sectors are on the same page
- There is a need to explore opportunities for integration within the current health care system in the region

## Table 3: Access to care

Discussion at the 'access to care' table was framed as access to the emergency department, specialty care, ALC and imaging. However participants were encouraged to bring forward additional items for discussion. Some of the key themes discussed included:

### Specialty services

- The general public is not aware of the specialty services offered locally, and doctors may refer patients to specialists they are most familiar with in Thunder Bay
- The process of referrals for optometry care may be improved by following a model that is similar to the cardiac care referral service, in which the patient is triaged and matched to the first available, closest or most convenient surgeon. This model is based on the patient's needs
- While cataracts surgery is available in Marathon it was noted that there was limited awareness of its existence. It was also recognized that the local ophthalmologist preferred to refer to Thunder Bay
- Challenges were identified in relation to new standards requiring some patients to have a CT scan when no CT scanner exists in the district
- The District of Thunder Bay IDN is currently limited in terms of the types of colonoscopies that can be performed
- Opportunities exist in triaging and making appropriate referral to specialists within the district

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## Community based services

- One participant highlighted existing research demonstrating that rural patients are willing to accept a higher level of risk in order to receive care close to home (i.e. giving birth)
- Participants suggested the need for greater capacity to deliver assisted and supportive living
- Greater emphasis should be placed on telehealth, including telepsychiatry, in order to reduce travel for the patient. However, it is difficult to reserve time on the OTN system due to a high number of users
- Access to remote chemotherapy provides patients with care closer to home
- Home care and telehomecare are beneficial to some patients, but others may prefer to leave their homes to seek care. Consider the preference of the patient
- Care for cancer patients is now becoming more chronic disease management, as patients live longer with advanced treatments. This has implications for both the nature of care and the resources available for those who access care for longer periods of time
- Lifeline is a great service for seniors and people with a disability, but it is quite expensive. There may be a need to provide additional funding so that more people can benefit from a service like Lifeline
- It was noted that rigid program structures are not always conducive to providing care. There needs to be flexibility to be able to meet local client needs

## Integration

- In an ideal system, more care would be integrated under one roof or one emergency department. Integration should occur at the local health hub level before focusing on higher level integration
- Quality reports should be coordinated for simplicity and to avoid duplication
- Consideration should be given to better define 'what is quality?' Reporting for new projects should be integrated with existing reporting processes, and reports should be delivered to one place instead of many points

## Funding

- There is a need for region-wide funding models, and funding that is provided as a lump sum instead of specific service
- A regional approach to funding and programming is happening in respect to cancer and dialysis but participants identified that this should expand to other health programs
- It needs to be recognized that unique solutions may be required for small communities

## Health Human Resources

Challenges exist in securing sufficient health human resources across the District of Thunder Bay IDN:

- It may be possible to share services or human resources across small programs that require only part of the service or staff time

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- Some nurses may not be willing to work for community services because of the nature of the on-demand service, and instead may find it easier to pick-up a shift at the hospital. The solution may be to share human resources between hospital and community services

### **Collaboration**

- Information about the patient should be shared between the hospital and community services, to reduce duplication and save time
- Duplication in utilization of French language services can be avoided by sharing of information between the hospital and community

### **Governance**

- Alignment of strategic plans within communities and across different providers/sectors needs to occur. In small communities, the local hospital is part of the community

### **SUMMARY**

- There was open and strong participation during the group discussions. While some participants knew each other, others did not and this provided the opportunity to network with people in the District of Thunder Bay IDN
- Participants valued the opportunity to share their experiences and ideas during the Harvest Café with a diverse group of HSPs
- The format of the Café received positive feedback from the participants however participants indicated the need for allotment of additional time during the discussions
- Participants expressed appreciation towards the LHIN for making the effort to travel to the District of Thunder Bay IDN and taking the time to meet with stakeholders
- A follow up summary document of the Harvest Café discussion was of keen interest to the participants and they were assured that this would be provided

The goal of the session was achieved. Health service providers from the District of Thunder Bay IDN embraced the opportunity to share their lived experiences and provide insight into how patient health care experience can be improved as planning the next IHSP takes place.

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