

North West LHIN Health Service Provider Engagement in the City of Thunder Bay IDN December 17, 2014

INTRODUCTION

In the fall and winter 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 4th 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 Holiday Café'. Participants were invited to rotate between four discussion tables hosted by the senior consultants. Table themes included chronic disease prevention and management, access to care, mental health and addiction and seniors' care.

The HSDD team invited various levels of management representing health service providers and local health care providers from the City of Thunder Bay IDN to an engagement session on December 17, 2014. The session was held at the Valhalla Inn in Thunder Bay.

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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 City of Thunder Bay IDN engagement session.

MAIN THEMES ARISING FROM THE HOLIDAY CAFÉ

Chronic Disease Prevention and Management

Several key themes were brought forward that extended beyond specific disease into comprehensive approaches to service provision:

Collaboration

- There is a strong history of partnership in the North West LHIN region
- Developing seamless partnerships on a local level to build capacity for staff education has been successful
- Outreach programs have created effective partnerships with local agencies
- The new complex care program is collaborating with Red Cross to provide transportation for clients with success
- The Health Links concept is on the right track in bringing multiple sectors to the table to support each other, find out what resources are available and collaborate on placing the person at the centre of care
- Integration and coordination are leading to better overall care
- It is important for all players to be at planning tables to make lasting systemic change
- Health expertise is not collaborative when health status includes various comorbidities

Jurisdictional challenges

- There are challenges with both inter-ministry and intra-ministry collaboration

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- Jurisdictional issues exist between the province and federal government
- Public health, primary care, and other care are funded differently which makes integration difficult

Technology

- Telehomecare is effective in supporting people to function independently in the community
- Remote infrastructure is, in many cases, unavailable or is inconsistent (low bandwidth, connectivity failures, inclement weather) which can limit opportunities for virtual care

Community services

- Informal palliative care provided by front line staff and caregivers to support adults to pass away at home instead of in hospital or other care environment has been successful
- Respite care supports caregiver health by providing time to focus on health and social needs

Approaches to CDPM service provision

- Treating chronic disease requires treating the whole person
- Adapting services to meet the client's needs has been successful such as offering home visits by a nurse when travel is a challenge
- A shift to preventive care visits is being piloted by paramedics within the region. Reaching out to those who are homebound or unable to attend appointments enhances access to preventive care
- The Northern Ontario School of Medicine (NOSM) is sending students to community-based organizations to observe locally available services. This is helping to socialize the next group of primary care professionals with community-based services
- There should be an increased focus on the 5% high users that account for the majority of health care costs
- People are consumers of the system: they want care where they want it, when they want it, in a coordinated way
- Providers should ensure that care plans are realistic for clients. If resources are not available locally (ie. access to affordable healthy food choices) it is unrealistic to assume clients can change behaviours without additional support

Self-management

- The Healthy Change program (self-management training) has been beneficial for clients of the Canadian Mental Health Association (CMHA) in supporting individuals who are living with a chronic disease as well as a mental health condition

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- There is interest in expanding the Healthy Change program to offer sessions in French due to an increase in demand by Francophone populations

Information sharing

- Access to information that is current, accurate, factual and in real-time should be available to all providers when and where they offer care
- Patients are often left to recall health history to a provider which can be unreliable as records are not universally available. This leads to patient care being disjointed
- Literacy and language barriers further complicate the sharing of information
- The process to obtain medical information from various providers is cumbersome
- Information that is scanned can be difficult to read by health care providers
- Electronic charts/records requires more people to deliver frontline care, and the capacity doesn't exist to populate records
- Nurse practitioners (NPs) may consider using modern technology such as texting to coordinate a time where the NP and client could discuss test results. However there are risks involved in using electronic media even though it supports communication with the client
- Health care professionals should have access to all of the client's records
- One universal system that can be accessed by all in the continuum of care (patient included) could make care seamless
- Electronic medical records (EMRs) should support the health professional in being proactive

Privacy

- There are legislative barriers related to privacy that hinder sharing information
- The need for multiple consents impacts the sharing information in a timely manner
- Various health service providers do not have full access to patient information due to privacy restrictions

Health literacy

- Individuals may have had a negative experience in accessing primary care which leads them to only seek treatment when conditions are acute
- Primary care speaking from their education or through the filter of an allied health care professional may not be understood by client. It is important that the client understands, and that health professionals hear what the client is saying
- "Prescribed forms" satisfy government or administrative needs but clients need help to understand both the forms and the larger system

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- Helping people navigate the system takes time. Clients should not be pushed through the system to meet targets. Sufficient time may be needed to help people understand, coordinate translators, speak with the caregiver, etc.
- More awareness of cultural views on medicine may be necessary to meet client need. It would ideal to see spiritual and traditional values harmonized with primary care

Funding

- The approach to funding should shift from the need to have immediate result towards longer-term outcomes. This includes recognizing that this change is not just about just health care but should also address the social determinants of health
- Programs that support client resiliency should be considered for funding. This could focus on helping the client manage illness before it become chronic or progresses along the continuum.
- Funding should follow the patient whereby the health care provider or HSP is paid for services provided. This could be monitored through a balanced scorecard
- There are competing methodologies or mandates for prevention and primary care. Opportunities for collaboration should be considered
- Research at the Centre for Education and Research on Aging & Health (CERAH) has led to targeted funding opportunities in CDPM such as the Healthy Steps project

Health human resources

- Person-centred care requires more resources. However, the system is not built to staff to the level necessary to provide this level of care effectively

System navigation

- Care coordinators should be included in the system who can bring together multiple disciplines and sectors to care for the individual - including financial assistance, housing, employment, medical care and preventive care
- Independent physicians and other health professionals require support in accessing other types of care available for people in the community
- A client can be overwhelmed with news of an illness or disease. A navigator or similar role would help people as they come to terms with their diagnosis

Transportation

- Winter weather in many communities means that people are unable to attend appointments. This often results in more acute episodic care. Some communities lack taxis or public transportation. Private services may be available but the client may not have the financial means to pay for it

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Social determinants of health

- There is opportunity to explore ways to incentivize lifestyle choices to improve or maintain health versus illness management
- Alternative medicines that have demonstrable positive effects on illness management such as spiritual care, housing, respite care, food security and mental health care should be considered

Prevention

- Additional emphasis on primary prevention is recommended
- Health services should be involved in the school system at the primary care level
- There should be a shift in the approach to care from intervention to prevention
- Prevention programs are not adequately funded
- There should be a focus on shifting the culture of thinking at an early age

Mental health and addiction

The prevalence of mental health issues and addiction was recognized as a pervasive issue across the City of Thunder Bay IDN. Several key themes were identified from the discussion:

Access to mental health and addiction services

- Outreach programs such as the Getting Appropriate Personal & Professional Supports (GAPPS) team has been successful in meeting the health care needs of high risk populations
- There are gaps in accessing psychiatric services
- Access to OTN through Dilico has increased access to care in First Nation communities
- Counseling is not covered by provincial health care. Third party coverage is required to pay for the service. This restricts access to those who have private health benefits or other financial means
- There is a lengthy wait time for counselling. A prioritization process would be helpful for high risk clients
- There is a gap in mental health services for youth transitioning from teen to adult. Planning should occur a couple years ahead before the transition occurs (youth to adult)
- French language services remain a significant gap in accessing mental health and addiction services
- The integrated youth program “U-Turn” has been successful in linking youth to addiction services
- The Balmoral Centre expansion will help increase access to services in Thunder Bay and reduce reliance on emergency services

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- There is a long wait list for those waiting to access mental health and addiction services and not enough support in the community while individuals are waiting for care
- Awareness of services by clients may be lacking due to limited health literacy
- Deaf clients may not be able to access services through OTN

System navigation

- Primary care system navigation is a challenge
- Communication (across systems within health care) can be difficult for all to be on the same page
- Mental health and addiction is not always effectively integrated in the health care system and is not often the person's first treatment plan
- Aging individuals with mental illness do not always meet criteria for all programs. Staff are not all trained accordingly
- System navigators could help move clients through the system
- System navigation is needed for staff to understand what is available to client. Creation of an app for how to access services could be helpful
- There is not enough funding available within the program to offer all the services providers would like to have access to which means they need to refer externally. However external services are not adequately resourced
- Challenges exist in determining the type of care available in home and who is most appropriate to provide the care
- Informational sessions between HSPs could help in educating each other on available services and how clients can access them

Professional development

- Education in mental health and addiction for all health care workers is lacking. There should be specialty training for personal support workers (PSWs)
- Clients are comfortable with PSWs in long term care facilities therefore they should be trained in mental health and addiction and be able to provide 24 hour service access for facilities
- Nurses may not be adequately trained in mental health care. This could be problematic for the client as nurse may not even recognize there could be a mental health issue present and client will not get the help required
- More inter-professional education of health professionals is needed to support mental health and addiction services

Approaches to care for mental health and addiction

- Peer support that promotes building resiliency can assist clients

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- One single entry to mental health and addiction services is needed so patients do not have to tell their story multiple times
- The current system is fragmented as one symptom is treated in one location and then another symptom is treated elsewhere
- A triage system should be considered to ensure people are accessing the appropriate services based on their needs
- There is more willingness to talk openly about mental health and addiction however there is a long way to go to dispel stigmas
- Defining mental health remains a challenge
- The current health care system does not support alternative therapies for mental health and addiction (ie. acupuncture, massage therapy)
- Ontario Disability Support Program (ODSP) funding is very limited and it is difficult for clients to support themselves with daily necessities such as groceries, housing and medical treatments
- Use of self-management programs to promote client resiliency such as the “Pathways to Resiliency” program offered through CMHA has shown success
- NOSM medical students are currently proposing an interdisciplinary clinic model that would address both physical and mental health issues
- A one stop shop should be considered where clients can phone one number and be directed to the appropriate service
- After care support in communities should be strengthened to assist clients returning home
- Providing evidence to support best practice is challenging. Mental health and addiction does not have a strong research base like other areas of health
- Services should engage both youth and adults

Housing

- Supportive housing continues to be a challenge. Clients continuously return if they do not have a safe home
- Individuals are turned away from supportive housing if physical health is not addressed
- Lack of housing options for those with complex mental health issues that result in extreme/aggressive behaviours
- Providing access to safe housing can often be the ‘cure’ for a client
- Very limited new housing options are available in the city of Thunder Bay

Collaboration

- Withdrawal management has been successful due to local partnerships that support a collaborative model of care
- Partnerships with other organizations that have francophone services should be considered to share translation services

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- Communication between providers and the sharing of information are significant barriers which could be detrimental to the client

Primary care

- Walk in clinics should be more directly linked to primary care providers
- The family health team model in a shared care system could help to take pressure off the system
- Access to primary care may be critical for those clients who do not know they have a mental health issue. A diagnosis can be the crucial starting point
- Clients with complex mental health issues may have difficulty accessing primary care
- The shared-care model should be expanded for mental health and addiction to build additional capacity, knowledge and confidence for primary care providers
- Success in primary care often happens when someone can advocate for the client during an appointment and to ensure client understands their health conditions and care plan

Funding

- Providing services for mental health and addiction and other comorbidities is challenging as they are often separate funding allocations. Funding should be combined to offer a more holistic service
- There has been financial support for academic research into Aboriginal mental health

Impact of aging population

- If the client has good care and support prior to transitioning into a “senior” then elder care will be facilitated
- Long term care homes may be challenged to meet future needs of the client with mental health and/or addictions issues

Access to care

‘Access to care’ was framed as access to the emergency department (ED), specialty care, alternate level of care (ALC) and imaging. However participants were encouraged to bring forward additional items for discussion. The key themes discussed included:

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Access to Emergency Department

- The addition of respite beds in the community has helped to reduce patients who would otherwise be in ALC or repeating visits to the ED
- During triage at the ED, individuals with mental health and addictions issues should be directed to appropriate care to help to reduce ED wait times

Collaboration

- Collaboration between CCAC and orthopaedic hip and knee programs has streamlined the access for patient appointments and treatments
- Multi-stakeholder steering committees could be beneficial in addressing broad-scale issues in the north, such as seniors care and complex continuing care

Access to health services

- Working with local psychiatrist to offer access to psychiatry services onsite at Anishnawbe Mushkiki has helped to reduce wait times for primary care clients in need
- The use of Quality Improvement Plans can improve patient access to primary care services
- The establishment of family health teams in some First Nation communities has helped to reduce wait times for primary care
- Same-day booking for primary care has helped patients access timely care
- The entry point to care should be where patients are directed to the most appropriate care
- Expanding the enrollment of patients into geriatric rehab services at St. Joseph's Care Group to include referrals from community services has allowed for greater access
- Addition of beds at Lakehead Psychiatric Hospital and the opening of a crisis bed 7 days a week at CMHA has helped to ease access pressures
- The opening of six beds at McKellar Place has increased access for brain injury patients
- A home first policy for those with mental health and addictions issues would help patients gain access to care

Approaches to health care delivery

- Different services or clinical areas are often geographically separated and operationally siloed
- Incentives should be for patient care, not for number of patient visits. The focus should be on a patient wellness model

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Community services

- Community services such as transportation, snow shoveling and housekeeping can have a big impact on patient quality of life
- Transitional housing programs for those with mental health and addictions issues are only temporary and a long-term solution is needed
- Increasing access to community-based care after discharge should be considered to reduce the back-up of inpatient bed use at Thunder Bay Regional Health Sciences Centre
- Tracking avoidance of ED visits due to community programs is difficult, and creates difficulty in highlighting the impact of community programs on ED visits

System navigation

- Client navigators would be helpful for seniors or others who have difficulty seeking the right care from multiple care givers
- Education and awareness for patients and family members may help those navigating multiple care givers find the right care
- An HMO-like (health maintenance organization) model of one-stop shopping for care may help individuals navigate care for multiple needs

Information sharing

- A common electronic medical record across all providers would help to reduce duplication of history taking, and would help to inform care givers of patient history

Seniors' care

Both successes and opportunities were acknowledged relating to seniors care in the City of Thunder Bay IDN. Several key themes were identified from the discussion:

Respite care

- Flexibility within respite services is crucial however there are currently significant restrictions due to services operating in silos
- Scheduled respite is important for supporting the caregiver
- Respite care has shown to help reduce ED visits
- There is very little wait time to access respite services
- Enhanced respite clinical support is required to support respite services

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Francophone

- The aging population needs access to more care in French language
- Providers need to be aware of what could happen if Francophone individuals attend appointment without interpreter
- Francophone seniors often wait until their health condition is acute due to a lack of health providers who speak French
- Clients may not be candid about their health issues due to language barriers
- Providing access to an interpreter through telemedicine should be considered
- People are coming to the table more freely to explore service opportunities for the Francophone population
- Interpreters on site at health care facilities would be helpful so that client have access to translation if they cannot rely on family members
- Education and training should be provided to HSPs to support Francophone clients

Patient engagement

- Patient family advocates might be helpful to sit in on health conversations with client and family
- Many seniors do not think they can ask for help. Challenges exist when there is a falling out with the caregiver and no one else is nearby to help. Health care providers should ensure they are engaging with their patients to know the patient's social environment
- Community engagement hubs should be considered
- There should be recognition that a medical appointment may be a significant part of the individual's connection to a social circle. This may be an opportunity to engage them

Community based services

- Flexibility in service hours may be necessary to best meet the need of the senior client such as asking if the client would like a wellness visit over the holiday period
- It is important that there is someone to initiate the call to a senior client. They may not initiate on their own
- Lack of transportation services can result in a challenge for seniors to access health care appointments

Access to services

- Access to transportation is a challenge if the client is unable to drive or has mobility issues
- Providing service in the home is crucial
- Patients should be asked about what health care needs are a priority for them rather than provider making assumptions on behalf of the patient

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- Seeing various health care providers can be confusing for a senior. Continuity of care is important

Opportunities

- The format of an appointment with a primary care physician may not be the ideal format for seniors. They may feel it is a rushed experience and result in them feeling unable to ask or clarify questions about their health. A patient advocate might help enhance this experience
- Community services need to be affordable as seniors may not have financial means to pay for them
- Trust factors are crucial for meeting the needs of senior populations
- The outmigration of youth poses a challenge for communities and a loss of potential caregivers for an aging population
- Access to Aboriginal health care for seniors is limited
- The emergence of the new 'frail senior' is impacting the types of services that are needed
- Cultural sensitivity training should be available for health care professionals. Online options could enhance access

SUMMARY

- There was good participation during the group discussions. Participants had the opportunity to network with colleagues in the City of Thunder Bay IDN
- Participants valued the opportunity to share their experiences and ideas during the Holiday 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
- A follow up summary document of the Holiday 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 City 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 Integrated Health Services Plan takes place.

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APPENDIX

Summary of Attendees Evaluations

1. Overall, did this session meet the stated objectives? Yes (5) No (-) Unsure (1)

2. What was your overall level of satisfaction with the following:

Please mark one rating per line, either X or ✓	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied
Content of session			5	2
Group Discussion			6	1
Use of Your Time			6	1
Opportunity to participate			5	2

3. What was your overall level of satisfaction with this session?

	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied
Please mark one rating only			4	2

4. What did you like best about this session?

- Good discussion (3)
- Networking with other organizations
- Idea sharing

5. What are one or two things that would have improved this session?

- More time for world café to brainstorm how to move forward (2)
- Room Temperature

7. Was the Holiday Café an appropriate format to engage in group discussion?

	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied
Please mark one rating only			6	1

8. Other comments:

- Thank you (1)

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