

**Waterloo Wellington Local Health Integration Network
Teleconference with Health Service Providers
April 1, 2009**

Introduction

Welcome to everyone.

Members of the Senior Team will speak on a range of subjects. This part of the teleconference will be limited to 30 minutes, allowing 30 minutes for questions.

Decisions of the WWLHIN Board (March 26, 2009)

The Board's decisions mark an endpoint in a series of events that started last Fall.

In October, we first approached community health service providers with a request to begin the planning process. We followed this request up with an invitation to hospitals to substantiate their plans to balance for 2009/10.

In October and November, we facilitated conversations between and among community and hospital service providers about planned service provision. Throughout, we engaged leaders at the operational and governance levels, both formally and informally.

In December, we hosted a meeting among board members and senior leaders of all providers on the subject of integration.

Through January, February, and March, everyone – governors and staff – worked hard on the details of their plans and the finalization of commitments in new service accountability agreements (in the case of community providers) and existing accountability agreements (in the case of hospitals).

Throughout, we encouraged of you:

- to plan to the known
- to hedge against the current economic downturn
- to continue to transform and collaborate in the interests of the people of Waterloo Wellington, and, of course,
- to integrate.

To ensure that we were giving integration opportunities the best chance of being recognized for their innovative potential, this topic became a focus in our discussions with you.

The highlights of the results of these discussions include:

- a sustainable service plan for all community providers, except one
- a plan to balance for all hospitals for 2009/10, except one
- despite the challenges of limited financial resources, pressures on front-line staff and administrators, heavy demand for services, cost drivers, and scarce health human

resources, all providers with a sustainable plan have stepped up: with the same level of financial resources in 2009/10 and 2010/11, there is no net reduction of services in Waterloo Wellington

- some providers have agreed to a higher level of service provision
- some providers have committed to starting new services using existing financial resources
- other providers have readily agreed to align service delivery with direct accountabilities
- the WWLHIN has agreed to fund a full-time coordinator for the Addiction and Mental Health Network for 2009/10
- four mental health providers have undertaken a voluntary integration to strengthen their capacity to address their clients' needs
- we have in hand a number of integration opportunities that we will explore and realize over the next little while

All of this has been approved by the WWLHIN Board of Directors. At their meeting on March 26, the LHIN Board approved specifically

- a. planned funding allocations for all health service providers for the 2009/10 fiscal year:

Base operating funding allocations for individual health service providers that are in accordance with WWLHIN MLAA. Base operating funding allocations are for individual health service providers in the following sectors:

Public hospitals
Long-term Care Homes
Community Care Access Centre
Community Health Centres
Community Support Service agencies
Mental Health and Addiction services agencies
Psychiatric Hospital services

Initiatives over and above base operating funding allocations that are funded from Urgent Priorities Funding and Emergency Department Action Plan funding were approved by the Board.

Initiatives over and above base operating funding allocations that are funded from Aging at Home funding were reaffirmed by the Board.

Initiatives over and above base operating funding allocations that are funded as part of the Transition Program were reaffirmed by the Board.

- b. service accountability agreements with community providers, including specific performance commitments (CCAC, CHC, CSS, CMH&A)
- c. approval of the plans for the second year of current hospital service accountability agreements (with the exception of one)
- d. approval of a voluntary integration of mental health service providers

Actual release of the funding will occur once the Provincial budget is approved, which is anticipated at the end of May.

Looking forward, the Board encouraged a collaborative approach to the development and finalization of new service accountability agreements with long-term care homes and the re-negotiation of service accountability agreements with hospitals. Both of these events will occur in 2009/10.

Expectations around the Implementation of Service Plans

Comments are directed to our expectations around implementation of your service plans.

For hospitals, those are your 2009/10 plans.

For community providers (CCAC, CHCs, CSS and CMH&A), these are the service plans created through your CAPS submission.

For LTC, it's delivery on your services and achievement of your occupancy levels. You will be developing formal service plans for 2010/11.

We have emphasized that all of your plans need to align with the WWLHIN IHSP priorities. Similarly, those plans needed to demonstrate:

- Integration opportunities
- Community engagement
- Clear performance goals
- Balanced budget

By taking this approach and then embedding those plans in your service accountability agreements, we are assured that effective execution of your organization's plan achieves the intended system outcomes.

From a system design and transformation perspective, it's imperative that all plans be executed effectively. I know everyone understands the dependencies and interdependencies of your plans on each other and, to that end, both good and poor execution has an impact on others.

As referenced in the opening comments, a great number of ideas have come forward through the planning process to do things differently, to address our priorities in new and innovative ways. It's in that spirit, that despite these tough economic times, and perhaps more precisely, because of these economic times, we will be focusing a lot on accelerating the transformation agenda rather than slowing it down.

Additional investment is not forthcoming and that means we need each of you to do all you can to advance your plans as quickly as possible. Let me be clear that we will be there to support those who are championing the transformation agenda and to help facilitate change where barriers or challenges to that agenda exist. I am quite excited by the opportunities you have identified and really look forward to working with you on this next stage.

At the same time as we are executing on 2009/10, we are planning ahead. We have just completed the two year planning cycle for community. Shortly, we will begin the next two year planning process for hospitals and long-term care. Both those processes will start in the month of May.

Performance and Risk Management Expectations

The approval of new service accountability agreements, as well as hospitals' plans to balance in the context of their current accountability agreements, shows how seriously we all take performance and risk management.

As we are all aware from our many in-year meetings, conversations and correspondence, we have all taken to heart the requirement that health service providers perform in a measurable way, and that we consciously manage risks – both negative and positive.

In terms of performance:

- Expectations are mutually informed, and reflect the outcome of successful negotiations
- All parties need to track performance throughout 2009/10, and it is our expectation that if a provider is showing signs of slippage in achieving their performance objectives, the provider will:
 - take appropriate corrective action
 - work with us, and specifically with the Performance and Accountability team, to develop any required performance improvement plan
 - share with us updates as performance changes over time to reflect any corrective actions taken.

We look with excitement to working with community providers as you operationalize the terms of your new M-SAAs. Thanks to our experience with hospitals, some of whom have also signed new M-SAAs, we are well prepared to collaborate on the challenges that certainly lie ahead.

We understand your need to familiarize yourselves even more completely with the terms of the new M-SAAs. We understand that there are expectations across Ontario that performance indicators will be developed in time for the second year of the M-SAA, and we in the LHIN want to support our fair share of this work. To that end, we will support the joint efforts of community providers and all other LHINs.

In discussing and developing these service accountability agreements with you, our mutually-created culture of performance accountability will continue to evolve. We have a clear reporting schedule and we in the LHIN will endeavor as often as practical to meet with you in person to resolve any and all performance issues. We will also commit to making our expectations and shared documentation clear. We need to make good progress on Aging at Home, as its importance in helping us address ER and ALC pressures is growing more and more pronounced.

In terms of risk management, you'll recall that the guiding document for us remains the Transfer Payment Accountability Directive. Risk management is an integral part of the Directive and, as such, applies equally to all of us. Risk management works best when we have a clear picture of your reality, including the state of your financial affairs and pressures for service.

We all need to step up our risk management efforts in 2009/10, to ensure that there is as close an alignment of resources to need as possible, especially since there is a real prospect that resource levels will not be increasing and may decrease. We will look to you to support us in making realignments throughout the year.

On-going System Transformation Initiatives

The WWLHIN has engaged its health service providers to consider a more effective and efficient use of resources in order to meet increasing demands of health care services due to an aging population, increasing population, the introduction of new technologies and changing risk factors and challenges associated with human and financial resources.

Clinical Optimization

To this end, a systematic review of in-patient and out-patient acute (clinical) utilization and capacity in the WWLHIN has begun in the fall with partnering organizations. This initiative is called the Clinical Optimization Project. The group will identify and make recommendations to the WWLHIN that will:

- Align the provision of care with current and future population needs
- Improve patient access
- Improve the outcomes of care
- Optimize resource use and distribution

The Steering committee is chaired by Dr. Wilson Lit and has senior leadership representation from each hospital. The members have developed the following vision for the project:

‘The health of the people of Waterloo Wellington will be improved by access to patient centered innovative and sustainable acute care services well linked to a broader health service continuum’

Comprehensive data collection and analysis is underway. The steering committee will be holding a priority setting workshop on April 24, 2009, following the Champions of Change Symposium. The steering committee will establish clinical service subgroups to recommend new service model options and integration initiatives.

Rural Health Working Group

The Clinical Optimization Steering Committee has also established a rural health working group.

The steering committee recognized that the provision of rural health significantly varies from the provision of health in an urban centre. The committee, chaired by Dr. Chris Rowley, Chief of Staff of North Wellington Health Care Alliance, has been meeting since January 2009 and has conducted four public consultation sessions and reviewed preliminary data and findings.

Other team members include local rural health experts from across the continuum of care.

On April 8, 2009, there will be a four-hour visioning and modelling session, to be held at the WWLHIN. The group will continue its work until mid-June 2009, when it will submit a review to the Clinical Optimization Steering Committee with recommendations of a Rural Health Care Plan that can be used for planning and investment purposes.

Pharmacy Review

In October, a pharmacy review committee was established to explore the development of an integrated model for the provision of hospital pharmacy services within the LHIN. Hospitals expressed an interest in conducting the review for several reasons, including the enhancements in patient safety standards and the concern about health human resources. The review committee is chaired by Mariannne Walker, CEO of St. Josephs in Guelph, and Malcolm Maxwell, CEO of Grand River Hospital in Kitchener. The pharmacy leads from all the hospitals are on the review team. The group will be continuing its work this fiscal year.

Implementing the Ontario eHealth Strategy in Waterloo Wellington

Ontario eHealth Strategy

A new provincial agency for eHealth was established last Fall: eHealth Ontario.

The agency recently tabled a renewed eHealth Strategy for Ontario. It focuses on: Wait Times, Diabetes Management, and Drug Information.

The WWLHIN Chief Information Officer sits on the Ontario eHealth Council, and will be communicating with WWLHIN providers in the next few months regarding the implementation of the Ontario eHealth Strategy and implications/opportunities for WWLHIN.

Waterloo Wellington eHealth continues to move forward

Significant progress has been made on a set of foundational eHealth initiatives outlined in the WWLHIN eHealth Strategy, including:

- broad deployment of secure email across the WWLHIN
- implementation of a shared acute care health record for children across all of our hospitals and select centres, such as Hamilton Health Sciences, London Health Sciences and Sick Kids
- identifying and moving forward on a number of opportunities for the consolidation and sharing of IT resources across provider organizations
- successful implementation of a HomeTelecare Pilot in conjunction with the Ontario Telehealth Network
- a new Information and Referral Service, which has been launched by the WWCCAC

The HEALTHeCONNECTIONS project sponsored by Canada Health Infoway has received funding and approval to proceed to the implementation phase. Over the next 12-18 months the project will:

- Be implementing a clinical portal for WWLHIN health care providers
- Support the creation of a consolidated view of clinical data from across the continuum of care
- Be implementing a personal health record and tools for self-management of chronic diseases (with an initial focus on diabetes)

The WWLHIN has established an eHealth Program Office that will enhance the planning and coordination of eHealth investments across the LHIN. In this regard,

- eHealth will begin to figure more significantly within Service Accountability Agreements

- The WWLHIN eHealth Strategy will be refreshed to reflect emerging WWLHIN priorities and the new Ontario eHealth Strategy
- Programs such as TeleHealth and TeleHomeCare are expected to evolve into WWLHIN-wide services
- Shared electronic health records and eReferral solutions will also likely emerge as key themes

Ongoing communications regarding eHealth in WWLHIN will be forthcoming from Glenn Holder, WWLHIN Chief Information Officer and eHealth Lead.

Next steps

In sharing these decisions with you, it has to be kept in mind that any funding we've identified is funding approved in principle, as opposed to approved for immediate expenditure.

This comment holds true for all forms of funding planned for 2009/10: base operating funding, Urgent Priorities Funding, Emergency Department Action Plan funding, and Aging at Home Funding.

In the meantime, while we are all awaiting confirmation of the allocations, we are asking you to operate and expend base funding at the level of your approved 2008/09 funding.

If you were not in receipt of base funding last year, because you are a new health service provider, we will follow through on our allocation as was agreed so that you receive a cash flow beginning in April.

For those providers who have been successful in their Aging at Home Year 2 initiatives, you have already been made aware of the funding flow associated with implementing system solutions. Funding is expected to flow from July onward, upon completion of an acceptable implementation plan.

We are anticipating confirmation of the WWLHIN's allocation in May or, it is possible, June. As you know, the Provincial Budget has just been tabled and must be passed by the Legislative Assembly before we can confirm 2009/10 allocations.

We have presented a high-level picture of the decisions made by the WWLHIN Board last Thursday. We have not shared sufficient details to allow any one provider to know the allocation that they have had approval for in principle. We recognize that each of you will wish to have these details confirmed, as well as the applicability of any other decisions that relate to you. In the vast majority of cases, the M-SAAs contain these details.

To learn more specific financial or performance information of relevance to you, please contact the Performance and Accountability team.

One final observation, once you receive a signed copy of your M-SAA from the LHIN, please place a PDF version of the document on your website for public viewing. The WWLHIN will be posting all M-SAAs on its own website for public viewing.

Questions and Requests for Clarification

At this point, I'd like to invite any questions or requests for clarification from you. In posing your question, please identify yourself by name and the name of your health service provider.

The floor is yours.