Position Paper:
Local Health Integration Networks (LHINs) and Service to People with Physical Disabilities

Prepared by: Ontario March of Dimes
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Introduction

In light of the recent announcement of the Local Health Integration Networks (LHINs), Ontario March of Dimes is pleased to take this opportunity to reflect on your stated goals and, on behalf of the nearly one in five Ontarians with some form of physical disability, share both issues and suggestions to most effectively serve their needs as the LHIN concept is refined.

Ontario March of Dimes is a community-based non-profit health and service agency serving the needs of the physically disabled through 72 offices and locations across Ontario.

There are approximately 2,000,000 Ontarians with some form of physical disability and that number is increasing dramatically as the baby boomers age.

Ontario March of Dimes is one of the largest independent providers of attendant care services to the disabled, through the Ministry of Health and Long-Term Care (MOHLTC) and is responsible for the delivery of the Ontario Home and Vehicle Modification Program under the auspices of the Ministry of Community and Social Services.

1. What examples of healthcare integration already exist in your LHIN area?

Ontario March of Dimes provides independent living/attendant care and acquired brain injury (ABI) services in communities throughout Ontario.

The delivery of services includes both community outreach and supportive housing programs. Ontario March of Dimes operates congregate living facilities for the medically fragile in the communities of Hamilton, Sarnia and Toronto. The congregate care concept is an alternative housing model that enables even the most profoundly disabled person to live independently in the community--thus reducing dependency on full institutional care.

Attendant care and ABI programs work closely with the Community Care Access Centers on individual consumer/patient case management issues. In some locations in Ontario the hospital discharge planner is part of the CCAC and this aids in the development of the care plan upon discharge.

Generally ABI tends to be far more horizontally integrated than attendant care. If the ABI patient is trauma based, there is close integration with the trauma facility, rehabilitation facility and community based ABI support services.

At the community level there is a heavy reliance on various specialized services such as behavior consultants, physiotherapists and other disciplines to assist in managing complex cases.

This type of integration is not as apparent in other ABI situations, such as stroke, nor is it consistent within all CCAC jurisdictions. As the patient/consumer's condition changes every effort is undertaken to coordinate a case conference to examine alternative levels of care, supplementary care and/or placement in an alternate facility.

Ontario March of Dimes is a member of several community based planning coalitions and joint advisory councils primarily organized through the local District Health Council. These groups are usually comprised of users, families, service providers and community advocates. They are issue-based and concentrate on specific needs such as people with disabilities and/or ABI. The planning groups monitor community need, changing demographics and service gaps and pressures. This information is provided to the MOHLTC regional staff through the DHC. As a service provider Ontario March of Dimes may use this information to advocate for service expansion to address unmet community needs. In the larger context, what is considered a priority in one region may not be a priority in another.

The level and extent of integration differs greatly among the existing health regions. The management of community waiting lists, the process for enhancing

levels of care to existing patients/consumers, and the process for expanding community-based services is not consistent throughout the province.

2. What are the critical factors for the successful integration of the LHIN in your area?

The critical factors for successful integration of the LHIN would include:

- A centralized intake process for managing community wait lists;
- Greater level of coordination of community-based service providers;
- Consistent application of policy within MOHLTC regions (LHINs);
- Examining alternative methods of care outside of the traditional medical model;
- Remove the silos that currently exist between care providers and services;
- A reduction in the number of control/choke points in the systems (eg. CCAC, service provider(s), MOHLTC representatives, community delivery agents, LTC providers and institutions);
- Expand the network approach in managing high needs and high demand caseloads;
- Mechanisms to ensure the effective coordination of community-based service delivery agents with discharge planners, CCACs and other health disciplines;
- Implement high-level goals and measure outcomes. For example, if it is the goal to keep aging and disabled persons within the community as long as possible then this goal needs to be communicated and benchmarks established. The systems and processes must be redesigned to support this goal on a go- forward basis. Setting a goal without redesigning the existing system will not work due to inconsistencies, silos and outdated approaches;
- Recognize community-based service providers as “experts” and be inclusive in the case management and planning processes;
- Be flexible and responsive to community need with the understanding that consistency in the application of process be uniformly applied throughout the LHINs;
- Eliminate duplication and overlap, align services and communicate how the system will work to both the users and service delivery agents;
- Establish a “one stop” shopping approach for patients/consumers;
- Linkages with other community support services such as housing, providers of assisted devices and other related services; and
- Provide adequate levels of funding to areas of immediate need.

3. **What role can you and your organization play in collaboration with the Ministry as the LHIN planning work continues in your area?**

Ontario March of Dimes is one of the largest providers of specialized attendant care and ABI services on behalf of the Ministry of Health and Long Term Care. As an Ontario wide provider of these services we work with more than 40 community agencies, CCACs, hospitals, District Health Councils and related committees, and the seven regional Ministry offices. Given our size, experience and the extent of relationships with the major stakeholders of the health care system, Ontario March of Dimes is positioned to provide a perspective on the existing level integration within the current system, challenges facing “community-based” service providers, and opportunities and recommendations for improvement.

Summary

We look forward to working with the Ministry of Health and Long-Term Care and the Health Results Team to implement the LHIN strategy and to help achieve its objectives. By taking these steps together we believe the health care of Ontarians will significantly improve, and that access for people with physical disabilities will be greatly enhanced.

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