

Organizing the community around the patient – rural and remote regions of Ontario

**AFHTO Convention
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Disclosure

- Relationships with commercial interests: N/A

- Disclosure of Commercial Support: N/A

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- Mitigating Potential Bias: N/A

Learning Objectives

1. Review the **Rural Health Hub Framework for Ontario (Multi-Sector Rural Health Hub Advisory Committee, January 2015)** and the context for its creation
2. Identify existing health hubs and pilot projects – what makes them work? What are the elements of community partnership that are relevant for primary care across Ontario?
3. Discuss issues and opportunities for implementation in primary care

Today's Agenda

1. Review of the Rural Health Hub Framework

Randy Belair, ED Sunset Country FHT

(AFHTO Representative on the Advisory Committee)

Dr. Adam Stacie, physician Upper Canada FHT

(OMA Co-Chair of the Advisory Committee)

2. Experience on developing a health hub-type of framework in Espanola

Ray Hunt, CEO, Espanola Regional Hospital & Health Centre

(Member of Advisory Committee)

3. Open floor discussion of issues and opportunities for implementation in primary care

Rural Health Hubs Framework for Ontario

Report of the Multi-Sector Rural Health Hub Advisory Committee - January 2015

Membership

Ontario Association of Community Care Access Centres
Ontario College of Family Physicians
Ontario Hospital Association
Ontario Long Term Care Association
Association of Non-Profit Homes and Services for Seniors
Ontario Community Support Association
Ontario Medical Association
Association of Family Health Teams of Ontario

Northwest LHIN
South West LHIN
Champlain LHIN
North East LHIN
Ontario Home Care Association
Addictions and Mental Health Ontario
Association of Ontario Health Centre
Ministry of Health and Long-Term Care

Introduction

- Rural communities face unique challenges in delivering high-quality care due to lack of critical mass and economies of scale
- Over the years many communities have worked to overcome these challenges by creating sustainable health care systems through innovative local solutions
- The existence of these local solutions led to the establishment of the Multi-Sectoral Rural Health Hub Advisory Committee
- Learn from existing rural health hubs in Ontario
- Develop a framework to support rural communities in moving forward with the implementation of successful rural health hubs
- Framework promotes collaborative relationships and flexibility in design
- Tailored to meet the unique needs of the communities being served

Key Deliverables

- The development of a common vision and principles of a coordinated health care delivery model
- Identify the policy and regulatory barriers impeding integration
- Identify successful models and leading practices across the province that can be profiled
- Consensus on guiding principles and a new framework for enhanced coordinated health care delivery within rural and northern communities
- An action plan to address the policy and regulatory barriers impeding integration

Background

- In recognition of the opportunities offered by existing rural health hubs, in 2012, then Ontario Minister of Health and Long-Term Care, Deb Matthews, requested advice from the OHA on rural health hubs
- led to the release of a report in 2013 entitled, ***Local Health Hubs for Rural and Northern Communities: An Integrated Service Delivery Model Whose Time Has Come***
- Key benefits of moving to a rural health hub model highlighted in the Report include:
 - Improvements to health care access based on a “care closer to home” philosophy
 - Support for a person-centred approach to coordinating local health services with improved patient navigation and shared clinical pathways amongst service providers
 - Support for quality improvement planning for local health systems in rural and northern Ontario
- OHA and key health systems partners agreed that rural health hubs and improved health and social service integration are important to all local providers, including physicians in rural and remote practice
- The OHA and the OMA agreed to establish a Multi-Sector Rural Health Hub Advisory committee with broad stakeholder representation to develop this framework to encourage the implementation of rural health hubs in Ontario

Principles

Person-Centred and High-Quality Care

A rural health hub will:

- Be designed with and for the community
- Be accessible, safe, effective and informed by evidence
- Meet the diverse needs of people in the community along the continuum of care using a health equity lens
- Enhance the person's experience by providing well coordinated care, taking into consideration the needs of patients including the delivery of care as close to home as possible, while supporting effective access to care outside the hub when needed

Principle's Cont'd

Enhanced Collaboration and Efficiencies

A rural health hub will

- Be appropriately resourced and efficiencies will be realized where possible
- Recognize the contribution of each of the independent providers in the continuum
- Deliver care collaboratively based on trusting relationships, using inter-professional teams
- Maximize the effectiveness of local human resources and service delivery capacity
- Enhance communication and transparency
- Be supported by an integrated Information Technology strategy
- Be supported by shared capital and building infrastructure, where possible

Principle's Cont'd

Accountability

The health and social service providers will:

- Ensure viability of the rural health hub
- Adhere to good governance standards
- Support timely, relevant and transparent data analysis and reporting in support of decision making, quality improvement and accountability (performance and reporting)

Key Characteristics of Rural Communities

- Geographically remote and isolated
- Low population density
- Long travel times for services not locally available
- Weather extremes and inadequate public transportation impact access to care
- High density of elderly, Aboriginal and other distinct populations (such as francophone, migrant workers, etc.)
- High burden of chronic disease
- High use of tobacco, alcohol and other substances
- High prevalence of mental illness and social isolation factors
- Limited health service options
- Limited health care provider availability
- Gaps in secondary/tertiary level clinical services and limited community and support services available

Key Characteristics of Rural Communities Cont'd

- Limited mental health and addiction services
- Requirement to maintain service capacity in spite of lower volumes
- Pressure from service regionalization initiatives that may impact critical mass and stability of clinical service provision
- Recruitment and retention:
 - Staff providing service at multiple organizations that have competing obligations
 - Salary/income differentials among local health service providers limiting ability to recruit and retain
 - Community economics that may not support employment opportunities for family members
 - Lack of competitive salaries and incentives to attract system leadership
- Low service volumes and small data sample sizes make meaningful statistical analysis difficult

Key Elements of a Rural Health Hub (Critical Success Factors)

- An identified shared need for local health and social system providers to work together to provide high quality health care for the community
- Local history of successful collaboration and an opportunity to build on existing collaborative relationships
- Local credible champions/leaders who support a common vision and the need for increased collaboration
- Shared clinical pathways, including the need for smooth access to urgent/emergent and specialized care only available outside of the hub
- Access to reliable and timely patient and/or sample (i.e. laboratory) transportation

Key Elements of a Rural Health Hub (Critical Success Factors)

- Strong community/regional supports including resources and expertise (i.e. change management) that enable enhanced local collaboration and dialogue
- Existing collaboration that aligns with local, regional or provincial strategic goals or initiatives
- Development of a local Community Health Plan
- Strong community consultation and communication strategy
- Existing advanced information technology

Barriers to implementation

- Lack of an all government (municipal and provincial) approach to the provision of health care services and a lack of a strategy for rural and remote communities
- Lack of alignment between and within federal and provincial ministries and municipal governments
- Lack of local health care labour supply in rural and remote communities
- Complexity related to relevant policy and regulatory differences between providers
- Lack of existing infrastructure and facility space for co-location

Barriers Cont'd

The risks related to integration, such as:

- Unequal organizational financial capacity and/or stability
- Organizational salary differentials
- Lack of coordinated, formal planning across the continuum
- Different organizational missions and cultures
- Multiple accountability agreements, licenses and service agreements
- Multiple data reporting requirements and different performance indicators
- Scarce leadership resources with limited capacity to take on incremental major project work

Steps to implementation

- Establish a community/provider engagement process.
- Using a health equity lens, engage the community and all local health and social services providers in the development of a local Community Health Plan, including:
 - a) A common vision and shared goals;
 - b) Capacity planning and service mapping; and
 - c) The desired end state (Figure 3).
- Build on local demographics and assets.
- Form a local working group and identify local champions.

Steps cont'd

- Obtain formal agreement for local health service providers and agencies to work together.
- Develop a project charter and work plan.
- Ensure each organization's strategic plan is updated to include better coordination and/or integration opportunities and/or strategies for co-locating services.
- Identify and obtain required change management resources.
- Develop a communication and information management strategy.

Short-Term Recommendations

To Rural Communities:

Establish a core group of local champions/leaders, including LHINs, to:

- Develop a local Community Health Plan
- Where appropriate, embrace a rural hub approach to local health and social service planning
- Develop a communications strategy that uses consistent messaging among health and social service providers

Short-Term Recommendations

To the Ministry of Health and Long-Term Care:

- Recognize rural health hubs as a key approach to service delivery for rural communities by supporting policy change that:
 - a) Provides for flexible community funding for rural hub development in support of sustainability of the health care system, which will lead to local innovation, stable service capacity and a sustainable work force.
 - b) Creates incentives for health and social service providers who choose to participate in a rural health hub.
 - c) Establishes an implementation approach similar to Health Links in Ontario that supports a voluntary approach that brings individual providers together
 - d) Supports capital planning and facility redevelopment requirements
 - e) Creates an accountability process

Long-Term Recommendations

To the Ministry of Health and Long-Term Care:

- Undertake an extensive, inclusive consultation process on the Rural and Northern Health Care Panel Report.
- Using feedback from the consultation process, establish a Rural and Northern Health Care Strategy to enable the development of an effective health care system for Rural and Northern Communities.

Experience on developing a health hub-type of framework in Espanola

Ray Hunt, CEO, Espanola Regional Hospital & Health Centre

Open Floor Discussion of Issues and Opportunities for Primary Care

Weigh in on the following questions:

- Is there anything like this where you are?
- How does the health hub framework connect to other models for community integrated care?
- Do we have the “barriers” and “facilitators” right?
- Relate to Health Links work...What is the same? What is different? How can the two frameworks work together?
- Spread – how will the framework be implemented? Are there pieces of it that are applicable to teams outside northern/remote communities?
- How does this relate to Bundled care models?