RURAL AND NORTHERN HEALTH CARE FRAMEWORK/PLAN

Rural Ontario Institute Brief to the Ministry of Health and Long-Term Care

Stage 2 Consultations

January 31, 2011

The Rural Ontario Institute appreciates the opportunity to provide input to the Government on the Framework/Plan developed by the Panel on Rural and Northern Health Care.

General Comments

The Panel is to be commended for its thoughtful recommendations comprising a vision, principles, standards, and strategies to help the Government and Local Health Integration Networks plan how health care services can be improved in rural and northern Ontario.

The knowledgeable perspectives the Panel brought together and the issues the Panel grappled with are consistent with those that have been brought forward to the Government over the years from the multiple forums our forbearer, The Ontario Rural Council, convened where rural stakeholders and health practitioners shared their ideas and concerns about the realities of consistently poorer health outcomes in rural and northern communities. The challenges of access and variable levels of service across the diverse geographies of southern and northern rural communities have been acknowledged for some time and are persistent. Nonetheless, many examples of innovation and success have also been shared. The community organizations, care providers, institutions and volunteers who are at work addressing these challenges need to be supported by the leadership of the Government and its planning.

For these reasons we urge the Government to move forward with the implementation of the Framework with a sense of urgency, clarity and forthright intention. The Panel's Call to Action emphasizing that the need for continuing engagement and consultation should not be a reason to postpone implementation is significant and compelling. There are a host of questions regarding the real, particular implications of the access standards and possible definitions of communities/local hubs/place of residence that each LHIN will have to work through if the framework is accepted. Nonetheless, it is our view that the only way for rural stakeholders to understand whether a particular interpretation is tenable will be to start the implementation and have LHINs provide information about potential alternative applications of the guideline standards within their regions. The Rural Ontario Institute would actively assist and collaborate on an initiative to help with such an assessment and demonstrate the potential impact of various definitions within each LHIN. Clarity and transparency in such dialogue will be crucial. We strongly encourage the Ministry of Health and Long-Term Care to lead by example and designate a point of rural health accountability within the Ministry as recommended by the Panel.

Specific Comments

- Matters out of Scope/Focus on Access: We understand why access to health care services became the focus of the recommendations. It is appreciated that the full complexity of factors that result in poorer population health outcomes in rural and northern Ontario are outside the ambit of the Panel. However, it is important that the Government more broadly not lose sight of the bigger picture given the significant proportion of Government resources that are now directed to health care services and the current financial constraints facing the province which reflect recent economic circumstances. In fact it is ever more critical that the Government also speak to its continuing resolve and commitment to the investments it makes in rural community vitality which underpin the broader determinants of health – e.g. poverty alleviation, education, transportation and telecommunications and income stability from successful rural community economic development initiatives. Otherwise investments in better, more equitable access to health care flowing from the implementation of the Panel's recommendations may not ultimately achieve the goal of better population health outcomes. This highlights the necessity of attention to inter-Ministry policy development processes for an integrated rural development strategy.

- Defining Rural/Northern/Remote: The general definition of rural communities as being places under 30,000 in population, 30 minutes drive from a centre that is larger than 30,000 in population, is more inclusive than several of the other alternatives considered and this is positive. Deciding where the north begins and southern Ontario ends could unnecessarily occupy our attention since arbitrary lines are unavoidable. The definitions the Panel has chosen are workable and serve their purpose here.

- Defining Community/Local Hub/Place of Residence: By comparison these definitions leave much room for interpretation. The rationale for why the standards are meant to be flexible is clear and reasonable. Similarly the rationale for a 90 % threshold is understandable. Nonetheless, it must be recognized that combining this flexibility with loose terms to be defined locally makes it virtually impossible for rural stakeholders to determine their status in relation to the aspirational objectives. A local hub is described as potentially either a nursing home facility or a collection of communities. This vague approach introduces the possibility of significantly different interpretations about distance to care as measured from very different start/end points. Confusion will result and this may actually invite future criticism of the LHINs as they work through the definitions. This makes it more important that the information provided in continuing engagement be understandable. It is important that rural stakeholders can visualize the distances to points of access in the system. Recent GIS mapping work such as that by the Institute for Clinical and Evaluative Sciences (Geographic Access to Primary Care and Hospital Services for Rural and Northern Communities: Report to the Ontario Ministry of Health and Long-Term Care) should be further resourced and analyses performed using various definitions and finer levels of geography. In

parallel, collaborative mechanisms to enable LHIN staff to compare the implications of different definitional approaches across LHINs should help create more understanding of equity and promote the rural planning perspective the Panel is recommending (see R 8.4). The EPIC engagement principles supported by the Panel can only be successfully followed by the LHINs if the community stakeholders in the process are well-informed. The Rural Ontario Institute is prepared to assist in engagement processes following these principles and collaborate with other organizations to support effective communication.

- Overly Hospital Focussed?: Although there is much recognition in the report regarding family health teams, community health centres, nurse practitioners, scope of practice and the like, the emphasis of the report returns again and again to hospital based services. The relative absence of discussion or recommendations surrounding the role of home care services is notable. More consideration of these elements of the health care system is likely warranted.

- Overcoming Distance Through Technology: Understandably the report places considerable emphasis on distances and the movement of people to points of service. However, this attention to distance should not distract the Government from dealing with the other aspects of the panel recommendations which address ways to overcome distance (see R 7.3, R 8.5, R 12). In the recent northern health forum report published by the Rural Ontario Institute many valuable ideas came forward regarding innovative ways to provide mobile services or to use technology to overcome distances (See *Transforming Northern Health: Innovations Making a Difference* http://ruralontarioinstitute.ca/file.aspx?id=b205e183-8744-4d39-afb9-4f4c9263de2f).

- Transportation Review: The Rural Ontario Institute has a key role to play in connecting organizations in rural Ontario so they can share their successes and lessons learned. As part of the implementation of the transportation review recommended by the Panel, the Rural Ontario Institute would support or assist with outreach to document and transfer learnings about community-based solutions to non-urgent transportation. For example, we are hearing many anecdotal stories of elderly citizens being unable to get to diagnostic appointments in nearby centres due to transportation hurdles and consistent with the Panel are convinced that the Government should be exploring how to strengthen and broaden community based solutions to these types of problems. This is a separate element of the transportation issue from inter-facility non-urgent transfers.

- Leadership Development: The Rural Ontario Institute has long-standing expertise in leadership development in rural Ontario and therefore strongly endorses the panel recommendations regarding the importance of leadership development (e.g. R 9.4). The Rural Ontario Institute would welcome the opportunity to engage with the Ministry in exploring how its leadership

development programming experience in rural Ontario might inform and inspire the further development of health-focussed leadership programs (See for example the Advanced Agricultural Leadership Program and STEPS to Leadership programs of the Institute).

Conclusion

The Rural Ontario Institute respectfully encourages the Government to move with dispatch and begin the implementation of the Panel recommendations. In parallel, we think there are some necessary dialogues that will need to take place to clarify the implications and meaning of key terms and their associated geographies for rural and northern stakeholders. The Rural Ontario Institute can contribute to the implementation of several recommendations. It has networks among rural stakeholders and possesses capabilities in leadership development that we would be pleased to further explore with the Ministry of Health and Long-Term Care.