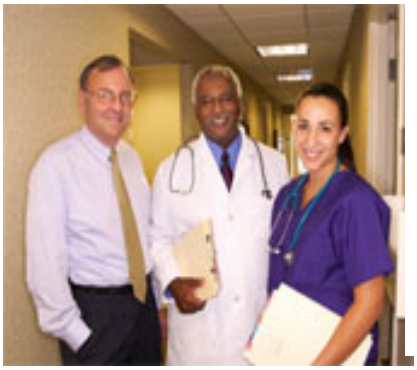
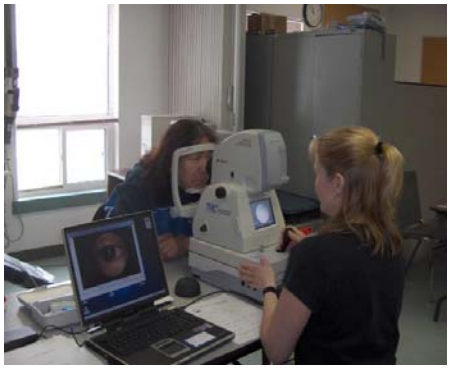
THE TORC REPORT ON NORTHERN HEALTH – MARCH 2010





TORC 2010 HEALTH FORUM

Transforming Northern Health: Innovations Making a Difference

Directions for
Supporting Innovation in Northern Ontario Health

ROI RURAL ONTARIO INSTITUTE

THE ONTARIO RURAL COUNCIL

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Thank you to the members of the Steering Committee for their indispensible contributions to the success of the Forum: Dr. Allan Northan and Carol Woods (Algoma Public Health), Michelle Courneene (Health Informatics Institute at Algoma University), Tom Vair (Sault Ste. Marie Innovation Centre), Tracey Forsyth (Industry Canada/FedNor), Elizabeth Bodnar (Group Health Centre), Dr. Greg Ross (Northern Ontario School of Medicine) & Suzanne Ainley, Christine Dukelow and Harold Flaming (TORC).

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THE ONTARIO RURAL COUNCIL

2010 HEALTH FORUM

TRANSFORMING NORTHERN HEALTH: INNOVATIONS MAKING A DIFFERENCE

ALGOMA UNIVERSITY, SAULT STE. MARIE, ONTARIO

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Ontario The Ontario Rural Council gratefully acknowledges the ongoing support of the Ontario Ministry of Agriculture, Food and Rural Affairs

ABOUT THE ONTARIO RURAL COUNCIL (TORC)

As a forum for all rural voices, The Ontario Rural Council (TORC) offers a vital venue for rural engagement in the form of dialogue, collaboration, action and advocacy. As a member-driven, multi-sector, provincial organization, TORC strives to foster communication that informs and ultimately helps shape and influence policy, programs and research development affecting today's rural Ontario. Members share a commitment to strong, healthy, vibrant rural communities, businesses and organizations. Through Public Issue Forums and our Rural Development Conference, TORC provides the only venue dedicated to drawing together the collective rural voice, working to break down the silos separating sectors and encourage effective partnerships for progress.

TORC members represent non-profit organizations, private sector organizations, the public sector, and individuals with specialized expertise and resources in rural matters. In our role as convener, TORC brings together these diverse interests and perspectives and offers valuable networking opportunities to link people, information and activities in support of rural community development and capacity building.

THE TORC MISSION

To act as a catalyst for rural dialogue, collaboration, action and advocacy.

TORC AIMS TO:

- Foster communications that inform – with the aim to influence and shape – policies, program and research development affecting rural Ontario
- Enhance the understanding of rural realities
- Act as a broker and clearinghouse of news, stories and research – linking local, regional, provincial and global thinking
- Build innovative rural networks that stimulate the formation of province-wide collaboration
- Be an outcomes-focused learning organization

A NEW ORGANIZATION – "RURAL ONTARIO INSTITUTE"

Effective April 1, 2010, TORC amalgamated with The Centre for Rural Leadership to form a new organization called the "**Rural Ontario Institute**". Through existing forums, roundtables and new electronic tools, the Rural Ontario Institute will continue the work of TORC by engaging rural stakeholders to gather critical input on issues affecting rural Ontario to ultimately influence policy and program development. The ROI office is located north of Guelph at the Gencor Complex, 5653 Highway # 6 North, R.R. #5, Guelph, ON (519-826-4204). Individuals and organizations interested in rural issues are invited to subscribe on-line in the subscriber section of the ROI website www.ruralontarioinstitute.ca.

TORC AND RURAL AND REMOTE HEALTH

The Council's Rural Health Working Group is one of three working groups within TORC, and it is comprised of organizations and individuals with an expertise and interest in rural health.

Through the Rural Health Working Group's initiative, TORC has had a long-standing and active interest in rural and northern health. The Council has hosted initiatives focused on identifying emerging rural and northern health issues; providing a 'grassroots' rural perspective on health and the Local Health Integration Networks (LHINs); health and learning in rural and remote areas; and more recently provided input into the provincial government's Underserviced Area Program review as well as the Rural and Northern Health Panel.

In planning and coordinating the northern health forum, TORC worked in partnership with a local steering committee comprised of the following individuals:

- Dr. Allan Northan and Carol Woods from Algoma Public Health
- Michelle Courneene from Health Informatics Institute at Algoma University
- Tom Vair from the Sault Ste. Marie Innovation Centre
- Tracey Forsyth with Industry Canada/FedNor
- Elizabeth Bodnar from the Group Health Centre
- Dr. Greg Ross with the Northern Ontario School of Medicine
- Christine Dukelow, Harold Flaming and Suzanne Ainley with TORC

Without the commitment provided by the steering committee in planning and hosting the forum in Northern Ontario as well as their substantial insight on the innovative initiatives occurring, TORC would not have been able to successfully hold this northern health forum.

THE TORC REPORT

The TORC Report is an official document summarizing "what we heard" during the TORC Northern Health Forum. It is a critical outcome in so much as participant insights, observations and recommendations are intended to help inform stakeholders, as well as federal, provincial and municipal decision-makers, on the issue of Northern Health and healthcare. It is hoped the *Directions for Action* included in this Report will aid stakeholders and decision-makers in leveraging opportunities toward addressing a number of issues related to northern health and fostering continued innovation.

EXECUTIVE SUMMARY

Health care consistently rates in the top three concerns when Canadians are polled about what matters most to them. Media reports highlight cutbacks, closures, and changes in the health care system - almost on a daily basis. The debate in the United States focusing on health care reform in that country has some legislators and practitioners looking to the Canadian model as one example of a preferred system of care; and yet each of these examples focuses on citizens *after* they have become sick.

On November 5, 2009 TORC organized a forum in Stratford, ON focused on rethinking rural health care. At the Stratford forum presenters emphasized the need to prevent illness, and do all that we can to keep citizens healthy. This represents a paradigm shift for the general public and decision-makers who spend $40B annually on a "sickness" system, and only $400M on health promotion.

Following the success of the Stratford forum, TORC enlisted the support of health leaders in the Sault Ste Marie area to assist with the organization and delivery of a similar forum for northern Ontario participants. The steering committee identified and was guided by four objectives in the planning of the forum:

- Greater awareness of trends, issues and challenges being faced in rural and northern areas around health.
- Gain a greater understanding of the innovations and economic development opportunities offered through solutions addressing the unique circumstances of rural and northern health.
- Share insights, approaches and tools for the enhancement of rural and northern primary health care, disease prevention and health promotion.
- Identify recommendations for action needed to support rural and northern health and health care providers and forward a report to policy programmers, researchers, and decision-makers.

Entitled *"Transforming Northern Health: Innovations Making a Difference"*, the Sault Ste Marie forum held at Algoma University on March 31, 2010 brought together over 70 participants. The agenda for the day included two panels highlighting innovations undertaken by northern health champions that are having positive effects in economic development, community wellbeing and health care provision suited to the unique situation and challenges found in northern Ontario. Louise Paquette, the newly appointed CEO of the North East LHIN, gave a presentation outlining her vision of working collaboratively. The day wrapped up with a dynamic keynote address by the Honourable Dr. Carolyn Bennett, PC, M.P., presenting her vision of health and health care. As is TORC's practice, these presentations set the context for a fruitful discussion amongst forum participants during roundtable discussions.

*A copy of the **forum agenda** can be found in Appendix A.*
***Forum presentations** are available on-line at www.ruralontarioinstitute.ca*

Key themes emerging from the presentations included:

- The importance of **collaboration and partnerships** in dealing with challenges inherent in the current health care system, especially found in Northern Ontario.

- The **strength and determination in local communities** where it is always being asked, **"How to do it better?"** and actions are being taken to change and find solutions.
- An interest in **finding and implementing innovative solutions**, to support and enhance access to health and health care in Northern Ontario.
- A need to **reframe** the health and health care **discussion and focus on keeping people well** within their own communities.
- We need to continually capitalize and foster Northern Ontario's **rich past of piloting new and innovative models** for health care delivery.
- The use of **technology as part of the solution** for meeting and strengthening health care delivery in northern areas.
- The role of **innovation** for **building human capacity** in Northern Ontario.
- Ensuring there are **strategies with** *measurable outcomes* that address the challenges and circumstances of inadequate health services in northern Ontario.

For details on the key messages see page 10-13.

At the conclusion of the presentations, participants reflected and shared their perspectives in roundtable discussions focused on identifying other innovations for further exploration, necessary support mechanisms for fostering innovation, and strategies for strengthening the LHINs model.

Six thematic directions for action emerged for the consideration of policy- and decision-makers interested in strengthening an innovative environment for health in northern Ontario:

FOSTERING TECHNOLOGY'S ROLE IN INNOVATION

Investigate and support technology's role in fostering health and health care innovations in northern Ontario. Technology's contribution to innovation in northern health and health care has been significant. Its role should continue to be fostered through supporting and investigating these types of initiatives: supporting cell phone and Internet Infrastructure and access; providing full access to health service providers of telemedicine services; broadening the utilization of GIS; expanding electronic health records across the system and covering costs of adoption; exploring e-referrals and sharing of confidential records between providers; and developing the business cases for a range of mobile diagnostic health care solutions.

COMMUNITY-BASED SOLUTIONS

The importance of community-based innovation needs to be recognized and stable funding extended to perpetuate them in several ways: by construction of multi-purpose community facilities; through initiatives that let seniors age in place; by increasing the scope of care provided by personal support workers during home visits; through stable funding for voluntary drivers and other transportation programs; by exploring mobile access to diagnostic and health care services on railcars; and integrating local services through LHIN supported surveys, roundtable collaboration and funding of community-based solutions.

PROVINCIAL COLLABORATION

There is a critical need to ensure collaboration across all provincial ministries, government agencies, as well as between health practitioners in order to support an innovative environment for improving access to and health generally in northern Ontario.

FOSTERING RESEARCH

There should be a focus on improving knowledge transfer among universities, communities, research institutes and improving the accessibility of information on best practices along with an increase in research funding for both universities and for community led research. A more systematic approach to evaluating research initiatives and transferring proven pilot or trials to a broader application in rural and northern communities is suggested.

STRENGTHENING THE LHINS

LHINs could be strengthened through a changed relationship with both the Ministry of Health and Long-Term Care and with local organizations and health care providers. A modified model would see LHINs fund the complete circle of care within their catchment, inclusive of services beyond primary care, and encourage holistic approaches to health that foster collaboration and integration at the community level. If LHINs are to lead they need to have the authority and discretionary power to do so. Leadership courses and training should continue.

TOWARDS A PATIENT-CENTRED CARE APPROACH

To move towards a more patient centred approach that integrates health and wellbeing, several directions were identified including; more funding and support for prevention and health promotion; exploration of models that provide more care at home and that expand the role for patient navigators in the system and where funding follows the patient; and personal access to medical records.

*For more information and details on the **directions for action** see page 14-18.*

TRANSFORMING NORTHERN HEALTH: INNOVATIONS MAKING A DIFFERENCE

Health care consistently rates in the top three concerns when Canadians are polled about what matters most to them. Media reports highlight cutbacks, closures, and changes in the health care system - almost on a daily basis. The debate in the United States focusing on health care reform in that country has some legislators and practitioners looking to the Canadian model as one example of a preferred system of care; and yet each of these examples focuses on citizens *after* they have become sick.

It is no secret that challenges exist in meeting health and health care needs in northern areas – difficulties with distances, dispersed populations, poor weather, unresponsive delivery models, over-subscribed health care services, fragmentation, orphan patients, long wait times in Emergency Rooms, and a chronic lack of health care professionals.

> "Rural health in southern Ontario is a cake walk compared to what we face here in the north."
> *- Mayor John Rowswell, City of Sault Ste. Marie*

It is a well noted fact that rural and northern residents have higher health care needs and less access to care. Research clearly indicates that incidences of obesity, smoking, cardiovascular disease, soaring rates of diabetes, and hypertension are higher in rural and remote areas. Trends and indicators point to a looming health crisis. As our population ages and demand increases on health services, questions emerge about how we will afford the current model of care.

Health is an extremely important issue for all Canadians. In rural and northern areas it is critically important from two perspectives – personal health and wellness, and the impacts that the presence or lack of health care has on regional economic development. Health care is one of the 'building blocks' for further economic development. Understanding the linkage between health provision and economic development is crucial to building vibrant, sustainable, and resilient communities.

> "Health care is a head and heart issue. It has an emotional side and requires the making of tough decisions."
> *– Louise Paquette, CEO, North East LHIN*

The north has been a hot bed for creativity by being innovative and piloting alternative models of health care delivery in order to address historic inequalities. Some of these innovations have often gone unnoticed, while others, such as Algoma Public Health's successful handling of H1N1 flu shot clinics were nationally recognized. There are many other optimistic and creative solutions in Northern Ontario. Local solutions, pilot projects and initiatives born in Northern Ontario could be adopted province-wide and across Canada, for example, family health teams, Nurse Practitioner clinics (Sudbury District Nurse Practitioner Clinics), and electronic medical records (Group Health Centre, Algoma Public Health, Garden River First Nation). In 2002, the Romanow Report captured the idea put forward by the Group Health Centre and nationally recognized it as the "*jewel in the system*". It is clear; that there are other untold stories found in Northern Ontario related to illness prevention, wellness education, health promotion, educating health care practitioners, measuring the determinants of health, and maximizing system efficiencies.

Identifying the unique challenges *and* the opportunities inherent in fostering an innovative environment able to transform rural and northern *health* will position local communities to address their specific needs. Champions at every level, local and regional, are the corner stone for initiating, promoting and following

through on innovations and opportunities for developing an integrated and comprehensive health strategies.

On March 31, 2010, TORC held its northern health forum in Sault Ste Marie at Algoma University following the success of a similar event held some months earlier in Stratford, ON. The importance of collaborating and thinking outside the box were prominent undertones throughout the forum for addressing the systemic issues and challenges by Northern Ontarians in accessing health and health care services.

FORUM PARTICIPANTS

Over 70 participants from across Northern Ontario attended the forum and represented a broad cross-section of public, private and community interests, bringing together a wealth of expertise in northern health and health care. Practitioners, staff and board members from health care organizations, non-profit community groups, representatives from various levels of government, and individuals - all interested and committed to providing services for ensuring healthy, vibrant northern communities attended the event. The following is a profile of the individuals who participated in the forum:

- Health Care Organizations 25%
- Hospitals 13%
- Family Health Teams 15%
- Municipal Representatives 10%
- Local Health Integrated Networks 5%
- Economic Development/Business 12%
- Academics 10%
- Research 10%

The diverse representation of participants at the forum and from across the north presented a unique opportunity for TORC to gather insights and recommendations from those '*on the ground*' as it pertains to health and health care in northern Ontario.

KEY MESSAGES EMERGING FROM THE PRESENTATIONS

The Northern Health Forum included two panels in the morning showcasing initiatives undertaken by a number of innovative Northern Ontario health champions. The six forum presentations highlighted the positive effects these innovations are having on economic development, community wellbeing, and health care provision suited specifically to the unique situation and challenges found in Northern Ontario. The newly appointed CEO of the North East Local Health Integration Network (LHIN), Louise Paquette, also presented at the forum. Ms. Paquette provided her ideas for moving the North East LHIN towards a community development and collaborative partnership approach. The day wrapped up with a dynamic keynote address by the Honourable Dr. Carolyn Bennett, PC, M.P., in which she outlined her vision of health and health care.

Captured here are the key messages emerging from the presentations:

- The importance of **collaboration and partnerships** in dealing with challenges inherent in the current health care system, especially found in Northern Ontario.

> "You can't do it alone! Collaboration is important, if you don't, it just becomes a big mess."
> *- Dr. David Topps, Program Director, Northern Ontario School of Medicine*

Most of the presenters mentioned working collaboratively with other organizations and health care providers in their innovations. In addition, some of the presenters were able to make connections to expand their collaborative efforts during the forum. For example, Tom Vair with the Sault Ste. Marie Innovation Centre's GIS program was asked about potentially expanding its boundaries, Pam Nolan connected with a participant interested in the software developed by Garden River First Nation for its wellness record, and Louise Paquette extended an offer to communities to access the LHIN's evidence-based data.

- The **strength and determination in local communities** where it is always being asked, **"How to do it better?"** and actions are being taken to change and find solutions.

> "Change is 20% inspiration and 80% perseverance, persistence and hard work."
> *– Louise Paquette, CEO, North East LHIN*

Pam Nolan outlined the "Change Management Strategy" used by the Garden River First Nation, and Dr. Northan referenced the influencing factors at Algoma Public Health including its flat-line management structure and decision making process. Louise Paquette, CEO of the North East LHIN, may have captured this essence best during the forum when she spoke of the benefits of integration and the need to step out of our comfort zones and re-think how health care is delivered and experienced.

- An interest in **finding and implementing innovative solutions**, to support and enhance access to health and health care in Northern Ontario.

> "Typical Medical or Health records didn't capture our needs – hence the *Electronic Wellness Record*."
> *– Pam Nolan, Manager, Garden River First Nation Wellness Centre*

Many of the presenters touched on actively identifying problems, and this leading to recognizing opportunities for creating new and innovative approaches to solving the challenges of providing health care services in the North.

- A need to **reframe** the health and health care **discussion and focus on keeping people well** within their own communities.

> "Ultimately we want more health … and less health care."
> *- The Honourable Dr. Carolyn Bennett, M.P.*

> "Enhanced *circle of care* increases the opportunity to provide better, safer care and to help reduce adverse medical events."
> *- Lucy Fronzi, Project Manager, Group Health Centre*

Health and health care are not the same. Many speakers discussed the need to shift the focus to holistic care or a 'circle of care' using strategies to prevent sickness, helping people stay well, and a

re-focus on disease prevention, management, and allowing aging in place (aging in place is the ability to live in one's own home - wherever that might be - for as long as confidently and comfortably possible).

- We need to continually capitalize and foster Northern Ontario's **rich past of piloting new and innovative models** for health care delivery.

> "Don't be afraid to take calculated risks and to try something different."
> *– Dr. Allan Northan, Medical Officer of Health, Algoma Public Health*

For example, past accomplishments have included: family health teams, Nurse Practitioner (NP) clinic, electronic medical records (EMR), geospatial applications for managing health, technology's use in education. During the forum additional examples included:

- Health Service Virtual Organization patient simulators are cost effective and more accessible in places needing education.
- Sault Ste. Marie Innovation Centre (SSMIC) asking "How could we use GIS in other areas?"
- Group Health Centre increasing its 'circle of care' through expanding electronic medical records through an ePrescribing pilot with pharmacies.
- Garden River First Nation Wellness Records, sharing the model with other First Nations through the Panorama Tri-partite working group for Ontario.
- The way Algoma Public Health used its seasonal influenza vaccination appointment booking system at Group Health Centre to manage H1N1 Flu Shot clinics.

> "We are Canada's first Nurse Practitioner led clinic."
> *- Mary Geroux, NP, Sudbury District Nurse Practitioner Clinics*

- The use of **technology as part of the solution** for meeting and strengthening health care delivery in northern areas.

A number of technological solutions demonstrating this were highlighted at the forum:

- Award winning geospatial program that is using GIS to uncover areas for more efficient use of health services and prevention (Sault Ste Marie Innovation Centre).
- PINE patient simulator in education (Northern Ontario School of Medicine).
- Electronic medical records (Group Health Centre) and Wellness Records (Garden River First Nation).
- EMRxtra ePrescribing (Group Health Centre).
- Partnership between Algoma Public Health and Group Health Centre to electronically book appointments at the H1N1 Flu Shot Clinics.

> "We are a catalyst for growth in the science and technology sectors."
> *– Tom Vair, Executive Director, Sault Ste. Marie Innovation Centre*

- The role of **innovation** for **building human capacity** in Northern Ontario.

A number of the forum presenters spoke of innovation attracting and retaining people and resources in northern communities.

- Northern Ontario School of Medicine's (NOSM) unique approach to education where future physicians integrate their learning into practical applications found in northern community practices.
- SSMIC as a catalyst for growth in the science and technology sectors has led to the start-up of new community partnerships, job creation, new business site selection, and attracting new funding to the Sault Ste Marie area.
- The Sudbury District Nurse Practitioner Clinics where 8 unemployed NPs created a new governance model for opening the first NP led clinic in Canada. It is now expanding to another site with a third to be operational in the near future. The Sudbury District NP Clinics model is also being replicated across the province with the announcement (November 27, 2009) to fund 25 more NP-led clinics in Ontario.

> "The NP led clinic has been a historic system change, and a nursing initiative."
> *- Mary Geroux, NP, Sudbury District Nurse Practitioner Clinics*

- From humble beginnings with 2 staff and a small office, the Garden River First Nation Wellness Centre has grown to over 20 employees, offering a wide range of health and wellness services.

❖ Ensuring there are **strategies with** *measurable outcomes* that address the challenges and circumstances of inadequate health services in northern Ontario.

> "If it gets measured, it gets noticed."
> *- The Honourable Dr. Carolyn Bennett, M.P.*

In particular, those inadequacies related to delivery, distances required for accessing services, long wait times, and ratios of health care professionals to population.

*Brief summaries of the **forum presentations** are available in Appendix C.*
*The **presentations** are available on-line at www.ruralontarioinstitute.ca*

ROUNDTABLE DISCUSSIONS

Following the forum presentations, roundtable discussions were conducted in the afternoon. There were ten roundtables with approximately seven forum participants per table. At each of the roundtables participants were asked to identify and summarize other innovations they were aware of (see the beginning of Appendix D for a listing of these), as well as offer insight into support mechanisms necessary for fostering health innovations in northern Ontario. The final question asked of the roundtables was to provide recommendations for strengthening the role of the Local Health Integration Network (LHIN).

*The **roundtable questions** and **input** are provided in Appendix D.*

The input provided by the forum participants during the roundtable discussions was analyzed and helped to form the next section of this report.

DIRECTIONS FOR ACTION

Accumulating from the forum presentation key messages and from analyzing the input from the roundtable discussions, six thematic areas for directing subsequent action emerged:

- Fostering technology's role in innovation
- Community-based solutions
- Provincial collaboration
- Fostering research
- Strengthening the LHINs
- Towards a patient centered care approach

Within each of the thematic areas, participants identified during the roundtables further actions for consideration. The breadth of ideas presented and shared represents a remarkable opportunity for real and meaningful transformation in northern Ontario health. It is hoped the directions for action included in this report will help stakeholders and decision-makers leverage opportunities for continuing to encourage an innovative environment able to address the systemic issues and challenges found in providing health in northern and rural Ontario.

FOSTERING TECHNOLOGY'S ROLE IN INNOVATION

Investigate and support technology's role in fostering health and health care innovations in northern Ontario. Technology's contribution to innovation in northern health and health care has been significant. Its role should continue to be fostered through supporting and investigating these types of initiatives: supporting cell phone and Internet Infrastructure and access; providing full access to health service providers of telemedicine services; broadening the utilization of GIS; expanding electronic health records across the system and covering costs of adoption; exploring e-referrals and sharing of confidential records between providers; and developing the business cases for a range of mobile diagnostic health care solutions.

In particular, the following items were outlined by forum participants during the roundtable discussions:

- Construct the physical infrastructure necessary for universal cell phone and high-speed internet access across rural and northern areas of the province so it can support technologies fostering a culture of innovation.
- Provide access to high-speed internet in rural, northern, isolated and smaller communities to facilitate community access to care, health education and knowledge.
- Ensure health service providers throughout rural and northern Ontario have full access to the Ontario Telemedicine Network (OTN) and other telemedicine services and education opportunities provided on-line.
- Increase the use of GIS applications as a means of spatially recognizing and improving the effectiveness and efficiency of the delivering and targeting of health initiatives and programs.
- Apply electronic health records and the electronic wellness system to the whole health care system. As a first step, expand e-health or electronic health/wellness records system throughout the Algoma Region.
- Pay 100% of the cost of electronic medical records adoption for all physicians.

- Investigate methods and procedures for safely sharing confidential records electronically between all health and health care providers and organizations - including physicians, public health units, labs, pharmacists, CCAC, other peripheral health providers, and the private sector. Look to the financial sectors (i.e., ATM systems) for prototypes ensuring safety and privacy protections.
- Explore options for developing an integrated system of eReferrals between health care providers and services.
- Look into and develop a business case for providing mobile health care solutions, such as using rail cars or transport trailers, for providing diagnostic and health monitoring in rural, remote and northern communities (i.e., mammograms, BP monitors, diabetic care, etc.).

COMMUNITY-BASED SOLUTIONS

The importance of community-based innovation needs to be recognized and stable funding extended to perpetuate them in several ways: by construction of multi-purpose community facilities; through initiatives that let seniors age in place; by increasing the scope of care provided by personal support workers during home visits; through stable funding for voluntary drivers and other transportation programs; by exploring mobile access to diagnostic and health care services on railcars; and integrating local services through LHIN supported surveys, roundtable collaboration and funding of community-based solutions.

The particular items suggested by forum participants during the roundtable discussions on the community-based solutions were as follows:

- Create multi-purpose community facility(s) to provide health and wellness services in rural and northern communities at multiple levels.
- Provide initiatives and programs that allow for aging in place within rural and northern communities. For example, explore age-friendly community models, integrating small health centres into senior's buildings, and re-introducing home visits/ house calls by physicians and other health care providers.
- Facilitate Personal Support Workers to do a wider scope of home visits (i.e., to combat loneliness, to have someone to talk with and to listen, safety issues in the home, etc.).
- Provide stable funding mechanisms for volunteer driver programs used for accessing health services within the community and those based in urban centres.
- Better transportation for patients travelling for care outside of home community (shouldn't have to rely on volunteer community groups to provide funding and drivers for getting cancer patients to chemo in Sudbury).
- Investigate using railways as a possible alternative for accessing health services, such as having a medical car for providing outreach services to rural, northern and remote communities as well as a method of transporting rural and northern residents to health services only available in urban areas.
- Advocate for a commitment to long-term funding of proven community-based programs. This would free up organizational and human capacity for pursuing new solutions and innovations.
- Re-instate, in a modified form, the LHIN CEO roundtables for integrating health service, solutions and working collaboratively at the community level.

- The LHIN should conduct a stakeholder survey to understand local, community needs and to foster the development of a community.
- Having actual LHIN staff located in the communities.
- Funding should be provided by the LHIN for implementing community-based solutions.

PROVINCIAL COLLABORATION

There is a critical need to ensure collaboration across all provincial ministries, government agencies, as well as between health practitioners in order to support an innovative environment for improving access to and health generally in northern Ontario.

The following were the specific ideas recommended by the forum participants during the roundtable discussion for the need for provincial collaboration:

- Bridge gaps and break down silos between ministries by having a person or small team liaison between provincial ministries (i.e., Ministries of Housing, Social Services, Health and Long-Term Care, Education).
- Ensure there is policy integration and alignment within the various ministries. Policy issues for different ministries need to be more holistic.
- Government should lead by example; community-based organizations are required to collaborate and work together; provincial ministries as well as federal government and agencies should demonstrate collaboration and be accountable.
- Speed up legislative process to keep pace with technological advancements able to support an innovative environment in health care.
- Ministry of Health and Long-Term Care, and LHINs to take a "holistic" view to wellness. Make "better health" the core of the business.
- The LHINs should be funded on multiple years (i.e., 2-3 year cycles) to allow for better planning and should be based on local community access and health care needs rather than basing funding on numbers only.
- Expand the scope of care provided by RPNs in long-term care so they are able to do IV therapy.
- Increase the scope of practice of NPs so physicians working with them are fairly compensated and nurse practitioners are able to do more outreach in northern communities.

FOSTERING RESEARCH

There should be a focus on improving knowledge transfer and the accessibility of information on best practices among universities, communities, research institutes along with an increase in research funding for both universities and for community led research. A more systematic approach to evaluating research initiatives and transferring proven pilot or trials to a broader application in rural and northern communities is suggested.

The following were the specific ideas recommended by the forum participants during the roundtable discussion:

- Increase support for knowledge transfer between research institutes, universities and rural and northern communities.
- Create a data/knowledge base where information is accessible on best practices, lessons learned throughout the province, so that information is available for consideration and comparison with similar organizations.
- More research funding that flows through universities for health care research and policy development.
- LHINs should fund and foster community-led research.
- Institute a system where research initiatives, or site trials, can be piloted on rural and northern health and if results are evaluated as demonstrating proven results then these should be rolled out as initiatives or programs.

STRENGTHENING THE LHINS

LHINs could be strengthened through a changed relationship with both the Ministry of Health and Long- Term Care and with local organizations and health care providers. A modified model would see LHINs fund the complete circle of care within their catchment, inclusive of services beyond primary care, and encourage holistic approaches to health that foster collaboration and integration at the community level. If LHINs are to lead they need to have the authority and discretionary power to do so. Leadership courses and training should continue.

The forum participants in answering question #3 during the roundtable discussion focused on this specific thematic area and the following are the recommendations put forward:

- Ministry of Health and Long-Term Care needs to change its relationship with the LHINs and realign funding. Ministry could be more of a steward of the LHINs. Under this modified arrangement, the LHINs should manage and be responsible for funding the complete circle of care within their catchment and take a holistic approach to health. Included in their modified mandate should be physicians, family health teams, Group Health Centres, hospitals, public health, long-term care and be inclusive of other services considered to be outside of primary care (i.e., dental, vision, etc.) as well as preventative care. This modified model could be piloted in the north?
- Foster collaboration between local organizations and health care providers within the LHIN's catchment area to promote community integration.
- Increase and improve profile of LHINs within the community through greater communications and presence within its communities.
- Continue to support and fund leadership courses and training.
- The LHIN needs to show it's a leader and has the courage to make difficult decisions and lead others through that change.
- LHINs need to be empowered to fulfill their mandate with more authority and discretion or should have ability to exercise their decision making powers and should be able to make capital project decisions.

- Surpluses could be put into a pot that enables innovation.
- Investigate and evaluate the merit of organizational and structural changes to LHINs. For example, would consolidation lead to improvements or should there be more than 2 LHINs covering the entire north?
- How does LHIN become knowledgeable about what is 'best practice' in the province? Are there silos between LHINs as well?

TOWARDS A PATIENT-CENTRED CARE APPROACH

To move towards a more patient centred approach that integrates health and wellbeing several directions were identified including; more funding and support for prevention and health promotion; exploration of models that provide more care at home, that expand the role for patient navigators in the system and where funding follows the patient; and personal access to medical records.

The following were the specific ideas recommended by the forum participants towards focusing on creating a more patient-centred approach to care:

- Need a move to a client centred approach that integrates health and wellbeing.
- Explore and expand patient navigators or advocates as an important mechanism to help individuals navigate the health system.
- Explore funding models where funding follows the patient to encourage collaborative contracts towards patient care and wellbeing.
- Look into providing more care at home to keep individuals healthy and well in their own homes.
- More funding and support for prevention and health promotion.
- Having personal access to medical records (electronically based) so individuals can be empowered and take ownership of their own health and wellbeing.

APPENDIX A: TRANSFORMING NORTHERN HEALTH: INNOVATIONS MAKING A DIFFERENCE FORUM AGENDA

Wednesday, March 31, 2010 ● Algoma University ● Shingwauk Auditorium, Shingwauk Hall ● Sault Ste. Marie ● Ontario

7:45 a.m. - 8:30 a.m.	**Registration & Continental Breakfast**
8:30 a.m.	**Welcome & Opening Remarks** o Harold Flaming, Executive Director, TORC o Mayor John Rowswell , City of Sault Ste. Marie *(TBC)* o Dr. Arthur Perlini, Dean (Academic & Research), Algoma University
8:45 a.m. – 10:00 a.m.	*Research, Innovation & Economic Development in Northern Health* **Moderator –** Dr. Raymond Pong, Research Director, Centre for Rural and Northern Health Research, Sudbury o Dr. David Topps, Director of eLearning, Northern Ontario School of Medicine, Sudbury o Tom Vair, Executive Director, Sault Ste. Marie Innovation Centre, Sault Ste. Marie o Pam Nolan, Manager of Health and Social Services, Garden River First Nation Wellness Centre, Garden River
10:00 a.m. – 10:15 a.m.	*Health Break*
10:15 a.m. – 11:30 a.m.	*Innovative Community Solutions* **Moderator –** Tracey Forsyth, Community Economic Development Officer, Industry Canada/FedNor, Sault Ste. Marie o Dr. Allan Northan, Medical Officer of Health, Algoma Public Health, Sault Ste. Marie o Mary Geroux, RN (EC), Nurse Practitioner, Sudbury District Nurse Practitioner Clinics, Sudbury o Lucy Fronzi, Project Manager, EMRxtra & ePrescribing, Group Health Centre, Sault Ste. Marie
11:30 a.m. – 11:50 a.m.	*Northeast LHIN Addressing Northern Health* **Moderator –** Jim Whaley, Health Consultant & Past Chair of TORC o Louise Paquette, CEO, Northeast LHIN
11:50 a.m. – 1:00 p.m.	*Lunch* Aime Dimatteo, Executive Director, Northern Ontario Heritage Fund Corporation
1:00 p.m. – 2:00 p.m.	**Roundtable Discussions** o Facilitated roundtable discussion
2:00 p.m. – 2:15 p.m.	**Roundtable Reporting Back**
2:15 p.m. – 2:30 p.m.	*Health Break (move to the Great West Life Amphitheater for Keynote & Wrap-up)*
2:30 p.m. – 3:00 p.m.	*A Vision of Health & Health Care in Northern Ontario* **Moderator –** Christine Dukelow, Chair, TORC Rural Health Working Group o The Honourable, Dr. Carolyn Bennett, PC & former family physician in Huntsville & Toronto
3:00 p.m.	**Wrap-up & adjournment**

APPENDIX B: SPEAKER BIOGRAPHIES

RESEARCH, INNOVATION & ECONOMIC DEVELOPMENT IN NORTHERN HEALTH

Dr. David Topps
Dr. David Topps is an Associate Professor, Clinical Science and Director Clinical Informatics for the Northern Ontario School of Medicine. As a family doctor for 25 years, David has a background in rural, emergency, urban and academic practice. For the last 16 years, he has been working in informatics with emphasis on communications and ubiquitous computing, virtual patients, and simulation in inter-professional education.

Tom Vair
Since 2005, Tom Vair has served as the Executive Director of the Sault Ste. Marie Innovation Centre where he leads the organization in its role as a catalyst for growth in the science and technology sector in the Algoma region. Tom brings over eight years experience working in the high-tech sector in Ottawa which informs his leadership role of providing business guidance to the Sault Ste. Marie Innovation Centre and its' clients. Tom currently serves on the board for the Health Informatics Institute at Algoma University; the Centre for Research and Innovation in the Bio-economy and Innovation Initiatives Ontario North. Tom previously served as a member of the Ontario Research and Innovation Council and led a sub-committee focused on Health, Innovation and Technology. He holds an MBA from McMaster University and a BA in Administrative and Commercial Studies from the University of Western Ontario.

Pam Nolan
Pam Nolan is a proud resident of Garden River First Nation. Twenty nine years ago, as the only full-time community health representative, Pam offered prevention services to her community while having a vision of one day developing a multi-disciplinary community based health centre in Garden River. Pam has worked diligently over the years to realize her dream one step at a time. From humble beginnings with 2 staff and a small office, the Garden River Wellness Centre has grown to over 20 employees, offering a wide range of health and wellness services for its client base of more than 2,000. Pam's constant efforts to better improve the health of her community members have not gone unnoticed. The Garden River Wellness Centre is recognized as one of the only First Nations in Ontario to have an electronic registration, scheduling and health records system.

INNOVATIVE COMMUNITY SOLUTIONS

Dr. Allan Northan
For the past 17 years Dr. Allan Northan has been the Medical Officer of Health for the District of Algoma. Born in Port Arthur, Ontario, Dr. Northan attended Queen's University, Kingston and obtained his M.D. in 1972. He did his Fellowship in Anesthesia in 1976 and Clinical Fellow in Anesthesia at the Children's Hospital of Eastern Ontario the following year. Dr. Northan practiced Anesthesia in St. John's, Newfoundland and Sudbury, Ontario. While in Newfoundland, he was also on the faculty at Memorial University and the Resident Program Director in Anesthesia in the early to mid 1980's. Prior to getting into Public Health, Dr. Northan completed a Masters of Health Sciences from the University of Toronto. From 1989 to 1992 he was Associate Medical Officer of Health in Sudbury, and since 1992 Dr. Northan has held his current position with Algoma Public Health.

Mary Geroux
Mary Geroux was born and raised in Sault Ste. Marie. Mary obtained her Nursing Diploma from Sault College in 1998 and went on to obtain a Critical Care Nursing Certificate from Cambrian College. In 2000, a lack of full-time nursing jobs led Mary to pursue travel nursing in California. Two years later she returned to Northern Ontario when she was accepted into the combined Post-RN Bachelor of Science in Nursing and Primary Health Care Nurse Practitioner Program at Laurentian University, while also being employed in the Intensive Care Unit at Sudbury Regional Hospital. Mary completed her studies in 2005 and, with no NP employment available she again left Canada to work in Washington, DC. Upon completing her contract in Washington, Mary was preparing to go to Florida when she received an email from fellow NP, Marilyn Butcher, who was hoping to entice her to return to Canada. With Marilyn's help, Mary was able to secure a job in Chapleau, Ontario and in July 2007 Mary was hired at Canada's first NP-led clinic – the Sudbury District Nurse Practitioner Clinics, where she continues to work today. Mary recently applied to the Masters of Science in Nursing program at York University. Married in 2008, Mary and her partner are expecting their first child in October.

Lucy Fronzi
Ms. Lucy Fronzi is presently part of the Senior Executive team at the Sault Ste. Marie and District Group Health Association (GHA), where she champions Patient Relations and Communications, including the management of a roster of over 58,000 patients. She serves as an educational resource to quality improvement and information management projects. During the past 20 years, Lucy has held several positions at GHA contributing to a comprehensive understanding of the health care environment. As a member of the Senior Team, Lucy represents the GHA on a number of local and provincial committees. Lucy has led a number of special initiatives including re-rostering of the Group Health Centre's population. She was Project Manager for the award winning EMR_{XTRA} Project for the Group Health Centre and Ontario Pharmacists Association. This project is the first of its kind in Canada and has garnered national attention from many government and health care delivery organizations. The ePrescribing Project, one of two sites selected in Ontario by eHealth Ontario, is the current project under Lucy's guidance.

LHIN SUCCESSESS & CHALLENGES IN ADDRESSING NORTHERN HEALTH

Louise Paquette
Born and educated in Sudbury, Ontario Louise Paquette began her career as the Manager of Communications for Gulf Canada Limited. A career change in 1987 brought her to Laurentian Hospital in Sudbury as the hospital's first Public Relations Director. Louise went on to become the Executive Director of the Laurentian Hospital Foundation, where she was responsible for the coordination of 120 volunteers and reported to a community board.

Until her very recent appointment as CEO of the North East LHIN, Louise was the Director General of FedNor, managing the Federal Government's investment in community development in Northern Ontario for the past twelve years. As the 2007 winner of the title "Woman of the Decade", Louise is an experienced and goal-oriented woman who remains passionate about Northern Ontario, as demonstrated through her career success and volunteer devotion.

A VISION OF HEALTH AND HEALTH CARE IN NORTHERN ONTARIO

The Honourable, Dr. Carolyn Bennett, PC, MP
Dr. Carolyn Bennett was first elected to the House of Commons in 1997 and has been re-elected as the MP for the riding of St. Paul's 4 times since that time. Dr. Bennett has served as Opposition Critic for Social Development, the Vice Chair on the Standing Committee on Health and was on the Standing Committee on National Defense. Presently Dr. Bennett is the Opposition Critic for Health.

In December 2003, in the wake of the SARS epidemic, Dr. Bennett become Canada's first Minister of State for Public Health. During her 2 years as Minister, she set up the Public Health Agency of Canada, appointed the first Chief Public Health Officer for Canada and oversaw the establishment of a true national public health network through which all 13 jurisdictions across Canada would be able to plan together in protecting the health of Canadians.

Prior to entering politics, Dr. Bennett was a family physician in Huntsville and Toronto; she received her certification in Family Medicine in 1976. Dr. Bennett has also been President of the Medical Staff Association of Women's College Hospital and Assistant Professor in the Department of Family and Community Medicine at the University of Toronto. Dr. Bennett is also author of *"Kill or Cure? How Canadians Can Remake their Health Care System"* published in 2000.

APPENDIX C: A SUMMARY OF THE PRESENTATIONS

The Northern Health Forum featured initiatives by a number of innovative northern health champions highlighting the positive effects these initiatives are having in economic development, community wellbeing and health care provision suited specifically for the unique situation of northern and rural Ontario.

For a complete set of the forum presentations, go to www.ruralontarioinstitute.ca.

The Honourable Dr. Carolyn Bennett, Member of Parliament for St. Paul's and Opposition Critic for Health highlighted several key ideas for envisioning health differently during her 'brain spa day' with us:

- There is a difference between health and health care. We need to refocus on keeping people well.
- Reorienting health - so it is holistic – Canadian Health Tree, medicine wheel model; turned upside down and looked at from a different perspective - keeping people healthy and well, health promotion, and sickness prevention.
- There is an issue of fairness that needs to be addressed. Rural Canadians have more illness, have a shorter life expectancy, and yet there are fewer health care professionals to serve this population. Identify gaps in fairness and advocate for a commitment to better health for rural and the north.
- Form follows function; services need to be customized and responsive for the place. Developing local health centres - a health 'hub' - full service hospitals are a thing of the past, now we need facilitates that can meet local demographic needs, they must be interdisciplinary. Health integrated into the schools, workplace, everywhere and not just at our current iconic health care institutions.
- Develop age-friendly communities by addressing the determinants of active ageing. The elderly are healthy. From early life to adult life to older age, policies have to start at birth. Idea of using school buses for the elderly to get around.
- Evidence-based, relevant measured outcomes and sharing data is required to understand what and where the health issues are in rural and northern areas.

Louise Paquette was pleased to be speaking at the forum in her new role as CEO of the North East LHIN. Although, she has only been with the LHIN for a short time, Ms. Paquette has a long history with TORC through economic development. Ms. Paquette began by stating that in her new role at the LHIN she values the need and role for partnership.

A portrait of the LHIN's catchment was given, highlighting the challenges of distance, dispersed and aging population, poor health determinants being indicated on average within the population, a shortage of health care professionals and there being 26 hospitals as well as over 200 health service providers. The three-fold mandate and budget for the LHIN were presented, with Ms. Paquette emphasizing that community-based care is best planned at the local level. Within the budget, less than a million is left as discretionary funds. It was noted that the LHINs have a lot of evidence-based data to help out in your community.

Ms. Paquette provided a top 10 list of the "Benefits of Integration" and noted the single biggest impediment to integration is "resistance to change". She concluded her presentation with the story of the flute where in partnership with one another the three characters are able to help out each other and make beautiful music together.

PANEL – RESEARCH, INNOVATION & ECONOMIC DEVELOPMENT IN NORTHERN HEALTH

Dr. David Topps, Director of eLearning at the Northern Ontario School of Medicine (NOSM) based in Sudbury, Ontario started his presentation with the importance of collaboration and without it you are left with chaos. Collaboration with community partners is a component taken into consideration when designing and offering innovative learning methods at NOSM.

In his presentation, Dr. Topps provided brief descriptions of PocketSnips (ultra-concise teaching videos) now found on Clinisnips on *YouTube* as well as the virtual patient initiatives being undertaken, including PINE Cases, the Northern Ontario Simulation in Healthcare Network and the cutting edge Health Services Virtual Organization focused on the experience and making simulation education/learning more accessible where it is needed.

Tom Vair, Executive Director for the Sault Ste. Marie Innovation Centre (SSMIC) outlined the purpose of the Centre as a catalyst for growth in the science and technology sectors in the Sault Ste Marie area. One of the cornerstones of SSMIC is the Community Geomatics Centre where up-to-date GIS data layers are being used creatively in other areas, for example, cutting sidewalk curbs, planned neighbourhood bear education program, mosquito trapping, lead in drinking water, and linking to health determinants for targeting local programs and resources. More recently, the technology was focused down to the level of a hospital in real time to map, identify, control and solve the spread of C. difficile.

SSMIC is also a key player in a number of niche opportunities and research partnerships, including the Health Informatics Institute at Algoma University and the pending announcement of a Research Chair, the video gaming Masters program at Algoma University to name a few. The Centre has contributed to economic development directly through creating jobs as well as helping attract new funding and product commercialization. SSMIC also helps companies locating in the Sault with the GIS mapping.

Pam Nolan, Manager of Health and Social Services for the Garden River First Nation Wellness Centre just outside of Sault Ste. Marie highlighted how problems identified by the community: 1) around client care being compromised, 2) reporting requirements being unmanageable, disorganized, time consuming and uncoordinated, and finally 3) the collecting of statistics were incomplete and inaccurate for basing program planning, led to the idea of creating electronic records in the early to mid-2000s. The result was a customized Electronic Wellness Record that took a holistic approach; provided a secure place for all patient information; centralized information and improved communications between staff; reduced the use of paper; documented and provided processes based on best practices in care; simplified and streamlined reporting; provided accurate and reliable statistics for reporting purpose; and has become a model for other First Nations. The Wellness Record is being used to improve health and track determinants of health and other programs in this first nation community. This innovative project, the first of its kind undertaken by any First Nation in Canada is now being shared with other communities.

PANEL – INNOVATIVE COMMUNITY SOLUTIONS

Dr. Allan Northan, Medical Officer of Health, Algoma Public Health presented on the success of Algoma in handling the H1N1 pandemic in the fall of 2009 through its electronic booking system set up with the Group Health Centre a number of years ago to effectively deal with administering the seasonal flu shot. Unlike the rest of county, the systematic approach used by Algoma Public Health using appointment booking and electronic health records streamlined the process and resulted in national media attention. In his presentation, Dr. Northan noted 5 factors influencing the Algoma experience: 1) Decision making process, 2) Past experience, 3) Team work, 4) Good people, and 5) Good luck. Dr. Northan's concluding remarks on innovation were "Don't be afraid to take calculated risks and to try something different."

Mary Geroux, a Nurse Practitioner with the Sudbury District Nurse Practitioner Clinics provided an outline of the circumstances resulting in Marilyn Butcher and Roberta Heale opening Canada's first NP led clinic in Sudbury in August 2007. There were tens of thousands of Sudburians without access to care, and 8 unemployed NPs in the area. A formal submission to government to start a NP led clinic was drafted and accepted.

The NP led governance structure of the non-profit clinic is a key component to the innovative model of providing health care. Patients are managed within the team (NPs, physicians, pharmacist, RN, support staff) and the NP is the patient navigator. The clinic has many complex/high need patients who were not accepted by family practices and have attended walk-in clinics for years.

The clinic is addressing orphan patient needs, identifying and managing previously undetached chronic diseases in this underserviced population, ERs have had a decline in the volume of visits since the clinic opened, and the Sudbury model is the basis of an announcement to fund an additional 25 NP led clinic throughout the province. Challenges still exist, most related to physician supporting NP clinics, such as lower compensation for services and negative pressure from colleagues and the Ontario Medical Association (OMA).

Lucy Fronzi, Project Manager, EMRxtra & ePrescribing, Group Health Centre (GHC), Sault Ste. Marie, provided a history of the GHC and explained that it was the grandfather of family health teams/integrated health models in Ontario. The GHC is recognized for its Health Promotion Initiatives (HPI) which aims to develop and evaluate evidence-based, outcome management in chronic disease in order to improve the quality of health care for its patients. Ms Fronzi provided a few examples of HPI projects and their outcomes. HPI projects are supported by the electronic medical records (EMR) system which is a paradigm shift in how health care is offered and managed. All GHC providers share a single EMR, resulting in better communication, coordination of care and patient management. Access to limited areas of the EMR by pharmacists (with consent) was a natural extension for the 'circle of care' approach. The ePrescribing Pilot Project carried out by GHC and the Georgian Bay Family Health Team in the Collingwood area was introduced in 2009. The benefits of the pilot were that pharmacists and patients perceived improvement in quality of interactions and patients' medications were better managed. The integration of technology and interaction between health care providers improves patients' safety. The expected results of ePrescribing will prevent 217,000 adverse drug events yearly, seeing a decrease of 132,000 visits to the doctor, 20,000 hospitalizations and 2,200 deaths due to adverse events (i.e., drug reactions, etc.).

APPENDIX D: ROUNDTABLE DISCUSSIONS

QUESTION 1: What other northern health and health care innovations are you aware of that support the implementation of an integrated and comprehensive health care approach?

Health Research Innovations

- Health Informatics at Algoma University
- Partnership for research and education between Public Health and Sault College
- CIHI work to integrate primary care information with acute care data
- Technology used in rehabilitation, for example video gaming program at Algoma University

Innovations in Training and Education

- Training physicians in the north (NOSM)
- Self-directed learning strategies
- Health human resources – Sault College
- Encourage the use of TeleHealth videoconferencing in rural and northern communities. This technology is under-utilized, are there examples of it being used at small rural hospitals or in long-term care facilities?
- Telemedicine network providing access to specialists, education, and other services to remote areas
- Video-conferencing with students in other locations (Thessalon, Blind River, etc.) to create more health care staff in rural and northern communities. Help communities to manage health human resources through providing education opportunities in their homes/communities, for example, distance learning, practical experience, Personal Support Workers, Practical Nursing

Innovative Community Solutions

- Integrate back into the home. Partnership with regional centres
- Interoperability of all separate health care applications
- Mini-hospital – integrating interdisciplinary approach to primary healthcare with acute care services (i.e., Champlain LHIN)
- LHIN mental health project
- Cardiac rehab partnership with Sudbury Regional Hospital
- HIV/AIDS partnership / Ministry of Health
- Colon Cancer screening study with nurse navigator
- Chronic disease management (VIP, ADEC, Diabetes strategy at Group Health Centre)
- PACs project – pan northern becomes NEODIN (included Ottawa region with Northern Ontario)
- Falls prevention strategy – multi-partners; policy changes
- Northern Diabetes Health Network
- Patient navigators (Algoma Breast Health) providing quicker access to specialists
- North East Community Health Ethics Network (NECHEN) – community based ethics for north
- Family health networks i.e., Wawa, Elliot Lake. Physicians could link up with Group Health Centre initiatives

- Family physician groups have collectively opened walk-in clinics in shopping malls
- The "Corner Clinic" in Sudbury. Providing primary health care and social networking. Having a place where other programs can be offered – creating a critical mass
- Alberta example of regional health authority

Organizational Integration/Collaboration

- Integrated administration services - Community partnerships, i.e., Memorandum of Understanding, cost sharing processes, sharing expertise, combined record keeping, greater vision, patient navigator
- Shared agreement for health professionals
- CCAC/SAH – shared service agreement for staff, need to be expanded, ensure that client services are not severely impacted when there is a shortage at one agency. Barrier – funding for each facility
- Share staff during shortages
- Group Health Centre & Algoma Public Health sharing immunization records
- Multi-agency
- Northeast mental health & hospital joining together as one board
- Chronic disease advisory group discussion – how to integrate health care organizations
- Communities share in physician recruitment, health service providers and doctor recruitment committee
- Doctor recruitment – JBPTH and Blind River Hospital Board
- Integrate 122 mental health facilities
- Mental health & Addictions Integration – all administrative services under one roof

Innovative Health Perspectives

- Philosophy of home first for Alternative Level of Care
- Develop facilities for AL Care
- Philosophy of home first
- Community development – acting on the determinants of health. Focus on wellness rather than sickness

Geriatric Care Innovations

- Aging population. Alternative levels of care
- IV therapy
- Provide appropriate health services for seniors' buildings; providing supportive services in a centralized area where population does fit criteria for assisted living
- Trefry – senior's care facility with proximity to many health care disciplines for senior care, i.e., footcare, podiatrist, chiropractor, reflexology
- Aging at home strategy – NP provides primary care to unattached patient care to those over 75 years of age frail elderly homebound
- Hospice - burden taken off the family/free service/home like conditions. Covers all Algoma residents - referral through North East CCAC
- Geriatrics clinic and programming
- Centre of Excellences – geriatrics, pediatrics, health promotions
- Supportive housing

- Specialized geriatrics services
- Pilot project – Long term care (LTC) facilitates mental health task team in long term care facilities. Work with staff in LTC homes to prevent admissions to the hospital. Assist with bringing patients back to LTC home after hospital admissions

Nurse Practitioners

- NP program needs to be encouraged
- Use NP in long term care; nurse practitioner outreach
- Help find funding model to support doctors who support nurse practitioner program
- Regulation changes for fair compensation

QUESTION 2: What support mechanisms need to be provided by technology, community organizations and the province in order to foster health and health care innovations in northern Ontario?

A) TECHNOLOGY SUPPORT MECHANISMS

GIS

- GIS focus on health
- Spatial aspect to health data
- Waterloo Wellington LHIN – wanted to know where Alternative Level of Care patients[1] were coming from, gave them a better picture for planning
- e-health network in all of Algoma

Telecommunications and Broadband Infrastructure

- Full access to broadband for the entire north
- Full access to OTN for a service provider
- Infrastructure for cell phones and high-speed internet access to support innovative technologies
- Access to high speed internet in rural, isolated and smaller communities to facilitate community access to care and knowledge
- Communication infrastructure

Electronic Medical Records expanded

- Electronic Health Records – sharing of information between organizations
- Apply electronic wellness system to the health care system as a whole
- Better connections with labs, pharmacists, and other peripheral health providers, including the private sector
- eReferrals – CCAC
- Expanding telemedicine programs
- Security is unreasonable – use ATM system security as example

Mobile Health Solutions

- Mobile health care units i.e., mammograms, BP monitors, diabetic care
- Mobile health care solutions

B) COMMUNITY ORGANIZATION SUPPORT MECHANISMS

Care at Home

- CCAC – care at home, Personal Support Workers
- Need personal services – loneliness, someone to listen, safety, health
- Facilitate PSW's to do home visits

Patient Navigators/Advocates

- Patient navigators are important
- Need patient advocates for people with no one

Multi-Purpose Facilities

- Multi-purpose facility to provide multi-level services
- Multi-agency rounds on ALC
- Multi-purpose facilities
- Providing for aging in place for seniors. Age-friendly – small health centre services in each seniors building, visiting/house calls

Addressing Transportation Issues

- Transportation – for accessing services, for seniors. Encourage passenger trains and possibly a medical car
- Transportation (volunteer drivers – fund a program)
- Medical car on railway
- Providing alternate transportation to health care

LHIN

- LHIN funded and supported multidisciplinary roundtable discussions
- LHIN support peer to peer education / work with medical schools

C) SUPPORT MECHANISMS PROVIDED BY THE PROVINCE

INTER-MINISTERIAL/BREAKING DOWN SILOS

- To bridge gap have a person that sits in more than one Ministry. The government says you have to talk together
- Break down Ministry silos, collaboration between Ministries of Housing, Social Services, Health and Long-Term care, Education, etc.
- Policy integration and alignment within Ministries. Government needs to break down its silos and work together, communication within government
- Leadership – accountability needs to be demonstrated at government level. Health Canada should work with provincial Ministry of Health
- Policy issues for different ministries need to be more holistic
- Get rid of the silo mentality in government Ministries

Stable Funding

- Appropriate funding, stop jumping through so many hoops, little capacity. Continuity of funding
- Commitment to long-term funding for proven programs (i.e., family health teams)

- Too much emphasis on crisis management, short sighted goals
- More funding/support for prevention and health promotion
- Long term funding for proven innovations
- Pay 100% of the cost of EMR adoption for all physicians
- Surpluses put into pot that enable innovation
- Telehealth facilitates distance patient care/specialist consultants – consistent funding

Funding Follows Patient

- Funding needs to follow the patient
- Patient centred/patient controlled EMR. Patient empowerment

Legislation Keeps Pace with Technology

- Speed up legislation to reflect innovation advancements in health care
- Speed up legislation to keep up with technology

D) OTHER SUPPORT MECHANISMS

EVIDENCE- BASED RESEARCH

- Quantitative data is good; measuring metrics. Funding prevention is not always a goal because it can't be measured, i.e., funding often chases connecting something that has already happened
- Site trials/results need to be evaluated and implemented if it's shown a difference
- More research funding that flows through universities for health care research and policy development
- Better transportation for patients travelling for care outside of home community (shouldn't have to rely on volunteer community groups to provide funding and drivers for getting cancer patients to chemo in Sudbury)
- Having access to what's been done. Data/knowledge base for best practices, lessons learned through the province so that we may compare with similar organizations
- More support for knowledge transfer
- Publish results
- Sault College

Expanding Scope of Care

- Do IV therapy for RPNs in long-term care facilitates (Blind River has a program to share)
- Nursing homes able to do IV therapy
- Nurse practitioner outreach
- Increase scope of practice for NPs

QUESTION 3: The role of the Local Health Integration Network is to plan, fund, integrate and manage health care locally. What priority recommendations would you make to strengthen the LHIN model?

Collaboration

- Collaboration between organizations and health care providers
- Forces competition at the community level; goes against the need for collaboration
- Promote community integration
- Reinstate in a modified form the CEO roundtables. Need discussions between CEOs to find mechanisms that allow sharing information, issues and in finding solutions
- Be more inclusive
- Education needs to be more than point education. Needs to include collaborative approach; peer to peer focused

Funding Follows Patient

- Funding follows the patient – cross sectoral, encourage collaborative contracts
- When LHINs talk about integration they need to talk about services beyond where they fund. Need a client centred approach, integration (other ministries, education, social services, housing)

Leadership

- Continue funding health leadership courses
- Continue to support leadership training
- Innovation means someone has to lead and someone has to monitor change management
- Strong leadership, allocating/delegating process change. Evaluate the data, but make moves to make changes
- Have the courage to make difficult decisions and lead others through that change

Communications and Raising Profile

- Raise public profile
- Greater communication of communities with LHIN
- Feedback and presence of LHIN would be appreciated
- Mayors feel there has been good communications
- Greater communication and presence
- Raise LHIN's profile
- Communications
- Presence – local face to LHIN – need to raise profile

Taking a holistic approach

- Physicians are not part of LHINs mandate
- Give LHINs power over doctors – Family health teams, and hospitals
- Complete circle of care - dental, vision, etc. considered to be outside of primary care
- Improve health care providers recruitment compensation
- Community care access
- More inclusive of services

- LHIN needs to have all of the pieces of health care – Public Health, Family Health Teams, etc. Realign funding, could pilot it in the north!
- Better coordination of long-term care with hospital care
- Make sure not to forget the smaller hospitals
- Access/preventative care/improve access to minimize acute care costs

Multi-year funding

- Multi-year funding
- Multi-year funding – to allow for better planning, maybe 2-3 years
- Access health care needs of all rural communities and not base funding on numbers only
- Integrate a focus on individual communities rather than regional level. Ensure representation from grassroots level

Supporting Community Solutions

- Providing some funding for solutions implemented at the community level
- LHINs should fund and foster community-led research
- Pilot small research initiatives when results are measurable and proven evidence, roll out into a program
- Better promotion of existing best practices so others aren't re-inventing the wheel
- Develop a community. Conduct a stakeholder survey
- Having actual LHIN staff located in the communities. In the bigger centres at a minimum

Holistic view of health

- Take a "holistic" view to wellness. Make "better health" the core of the business. "Get on with it, don't get caught up in it"
- Need to create a concrete holistic health care system plan

LHIN's Role

- Better expectations of what the LHIN mandate is
- MOH needs to be stewards of the LHINs, not continue to manage the LHINs
- MOHLTC still has control, LHIN has very little discretion on funding. LHIN not given total power
- LHIN needs authority over capital not just to be filter and buffer for Ministry
- Given accountability but not authority
- Filter and buffer
- LHIN is a buffer and filter for Ministry of Health and Long-term care. Regional offices were replaced by LHINs – cheaper
- Decision making authority – given accountability but no authority
- Bypassing LHINs to Minister to appeal decisions made
- LHINs need more authority and discretion or should exercise their decision making powers
- LHINs need authority to make capital project decisions
- Empower to fulfill their mandate
- It appears LHINs have very little power – capital decisions, vision, authority over primary care

Organization of LHINs

- Only have 2 LHINs covering the entire north
- Can we improve by consolidating boards – volunteer members plus resources
- Consolidation of boards and roles
- Instead of LHINs having to hire consultants, ensure more rigorous qualifications for LHIN staff (people who know health care and have health care backgrounds)
- How does LHIN become knowledgeable about what is 'best practice' in the province? Are there silos between LHINs as well?