Champlain **LHIN**

Sub-Region Consultations

Engagement Summary

April 2018

Ontario
Local Health Integration Network

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Executive Summary

Introduction

In January and February 2018, the Champlain LHIN hosted 20 sub-region face-to-face consultations across the region[1]. For those unable to attend in person, we offered an online option to participate.

The purpose of these consultations was to:

- *Share population health profiles[2] to build a shared understanding of priorities in each sub-region*
- *Identify current, system-level challenges and some examples of emerging solutions to improve access to care*
- *Identify local individuals and organizations interested in advancing opportunities to improve access to care.*

More than 2,100 invitations[3] were sent throughout the region to individuals and groups across the LHIN's diverse stakeholder networks.

In all, 401 stakeholders participated, representing patients, caregivers, health service providers, primary care providers, and others.

System-Level Issues

Below, we summarize the system-level issues identified by stakeholders across all five sub-regions (in no particular order):

- *Increasing access to home and community care*
- *Need for more residential care and affordable, appropriate housing options*
- *Ensuring access to French language health services*
- *Addressing rural access challenges*
- *Improving access to and coordination of mental health and addiction services*
- *Addressing transportation challenges*
- *Increased coordination of services*
- *Need to address the social determinants of health and focus on prevention*
- *Need to develop targeted interventions for vulnerable and underserved populations*
- *Increased uptake and use of e-systems*
- *Increased awareness of health services among patients and providers, streamlined referrals and more navigation supports*
- *Need for better local data.*

These issues align well with the LHIN's strategic directions in its *Integrated Health Service Plan (IHSP) 2016-19*. These strategic directions are: Access, Integration and Sustainability.

The table below lists the priorities identified in each sub-region.

[1] See Appendix B for full list

[2] Population health profiles are found here

[3] See Appendix E for invitation content

Top priorities identified by stakeholders, by sub-region

Sub-Region	Priority
Western Champlain	1) *Improve access to a range of health services* 2) *Increase access to transportation and find ways to meet the health and social needs of isolated people* 3) *Need to offer fuller spectrum of mental health services, including French-language mental health services*
Western Ottawa	1) *Establish a patient and family advisory council* 2) *Prioritize mental health literacy and early detection among youth, and build mental health human resources in the area* 3) *Create alternatives to Alternate Levels of Care to address the shortage of options, compared to other sub-regions*
Central Ottawa	1) *Focus on addressing the social determinants of health and meeting the needs of vulnerable populations* 2) *Increase mental health and addiction treatment capacity, through integrating services to address the opioid crisis and provide clients with more housing and service navigation supports* 3) *Integrate services to reduce fragmentation and enhance coordination between health and community services*
Eastern Ottawa	1) *Need for linguistically and culturally appropriate services, and equitable access among communities* 2) *Focus on mental health promotion and targeted services for youth and those with complex needs* 3) *Improve access to supportive housing, community services and hospice and palliative care*
Eastern Champlain	1) *Improve access to primary care, including after-hours care, and in-home personal support services* 2) *Maximize local resources through service integration and focus on optimizing transitions in care* 3) *Adopt "upstream thinking" and build health literacy to prevent chronic health issues, including mental health and addiction issues*

Regarding how to spread the benefits of the Health Links care approach, participants suggested focusing on:

- *Physician / health service provider buy-in*
- *Enhancing collaboration across disciplines and sectors*
- *Ensuring capacity exists to facilitate expansion*
- *Clarifying provider roles, patient eligibility and referral processes.*

To support the continued improvement of system navigation and referral, participants suggested:

- *Simplifying access to information and referrals for patients and providers*
- *Better care coordination.*

Finally, to improve access to interprofessional primary care teams supported by allied health professionals, stakeholders identified the following needs:

- *Ensuring equitable access to allied health professionals between primary care models*
- *Streamlining navigation and referral*
- *Increasing the focus on health promotion and prevention within interprofessional primary care teams*
- *Improving the use of e-systems*
- *Ensuring allied health professionals are working to full scope of practice.*

Subsequent sections of this report present summaries of the consultation findings, organized by sub-region and major theme.[4]

Indigenous Health

Below, we summarize the Indigenous Health issues that were identified by stakeholders who participated in the Indigenous Health Circle Forum consultation at the Wabano Centre for Aboriginal Health (in no particular order):

- *Continue to prioritize mental health and addiction services*
- *Expand Indigenous cultural safety training and education for health service providers*
- *Evolve primary care to better meet the needs of Indigenous peoples*
- *Indigenous peoples continue to encounter racism in health care institutions*
- *Better alignment of priorities and approaches between the LHIN and Indigenous service providers*
- *Think differently about system performance metrics for Indigenous health.*

Conclusion and Next Steps

Participants in the sub-region consultations provided the LHIN with rich feedback about the unique issues and opportunities that exist in the communities we serve.

Together with ongoing engagements with Indigenous communities and our partners in public health across the region, these consultations serve as a foundation to ongoing collaboration aimed at improving integration, access and sustainability within our health care system and improving population health.

The results of these consultations have already informed the context of the Champlain LHIN's *Annual Business Plan 2018-19* and will inform the development of the LHIN's next *IHSP* (2019-22).

[4] See Appendix C for a table that ranks the major themes across all sub-regions.

Introduction

Our Sub-Regions

Patients First

Ontario's *Patients First: Action Plan for Health Care* envisions an integrated health care system that delivers world-class patient care and ensures equitable access to health services across the province.

The establishment of the LHIN sub-regions creates focal points for population-based planning, performance improvement and service integration.

Mapping our Sub-Regions

Sub-region geographies were identified in consultation with community stakeholders. Establishing local geographies allows us to better identify the range of needs among such diverse populations and our broad geography.

Smaller, more localized geographies assist the LHINs in identifying variation and influencing factors affecting health status, and putting into place targeted initiatives to improve individual and population health.

After analyzing a variety of data and information about population health characteristics, service utilization and where people received their primary care, in combination with community consultations, the Champlain LHIN board of directors approved five sub-regions as an important way to achieve the LHIN's mission of *building a coordinated, integrated and accountable health system for people where and when they need it*.

The Champlain LHIN's five sub-regions are:

- *Western Champlain*
- *Western Ottawa*
- *Central Ottawa*
- *Eastern Ottawa*
- *Eastern Champlain*.

Champlain LHIN Sub-Region Map

These five local planning areas serve as focal points for health system planning, strengthening service integration and coordination.

Planning in sub-regions will foster local collaboration among patients and providers to plan for system improvements, ensuring access to care is reliable and timely, and that delivered services are coordinated around patient needs.

Sub-regions will also support an equitable distribution of these services for priority populations. To continue to strengthen the health system in Champlain, sub-regions will:

- *Be **patient-centred systems** that engage patients / clients and caregivers to ensure that the work of each sub-region meets the needs of its population*
- *Focus on **coordinated care and accessible services**. Enhanced coordination of services will improve access, simplify navigation and ensure smooth transitions of care*
- *Provide **comprehensive care** that will better leverage our local community resources and knowledge*
- *Focus on **quality and safety** to address health equity using evidence-based tools to guide decision-making with patients / family and in partnership with public health*
- *Enhance **local accountability** for population health and performance along the continuum of care.*

Sub-Region Population Health Profiles

Since sub-region geographies were defined, work has been underway to move forward components of the *Patients First Act, 2016*.

The LHIN partnered with all four public health units in the region, as well as a few key health service providers, to develop the *Sub-Region Population Health Profiles Report* (report can be found here). The profiles provide baseline data and information that helps identify each sub-region's strengths, challenges, needs and supports priority-setting and planning.

Sub-Region Leadership

Key leadership teams from the LHIN and public health units have been identified in each sub-region. Each team consists of a sub-region director, home and community care director, primary care clinical lead, and a public health representative.

These leadership teams are responsible for facilitating health system change within sub-regions through close collaboration with local stakeholders, and leveraging existing networks, committees and collaboratives such as the LHIN's Patient and Family Advisory Committee.

These teams will help foster the implementation of regional and provincial initiatives, while also identifying and addressing locally identified priorities.

Engagement Approach

In January and February 2018, the Champlain LHIN hosted 20 sub-region face-to-face consultations[5] across the region. For those unable to attend in person, we offered an online option to participate.

Purpose and Objectives

The purpose of these consultations was to:

- *Share population health profiles to build a shared understanding of priorities in each sub-region*
- *Identify current system-level challenges and some examples of emerging solutions to improve access to care*
- *Identify local individuals and organizations interested in advancing opportunities to improve access to care.*

Advertising and Recruitment

To ensure broad stakeholder representation at the sub-region consultations, over 2,100 invitations[6] to participate were emailed to:

- *All Champlain LHIN-funded health service provider CEOs and executive directors*
- *Health Link leads*
- *Primary Care Network leads*
- *French Language Health Services Network of Eastern Ontario* (Le Réseau)
- *Medical officers of health from the four public health units*
- *Regional Program Leads*
- *LHIN Patient and Family Advisory Committee members*
- *Participant list from the 2016 sub-region consultations.*

In addition, Champlain LHIN staff were asked to forward the invitation to their regional networks and an announcement about the consultations was posted on the Champlain LHIN website and Twitter account with links to register through Eventbrite.

During the registration process, individuals were asked to identify whether they were a primary care provider, health service provider, patient and / or caregiver. This allowed the LHIN to ensure that there was representation from each stakeholder group. Registration was capped at 25 – 30 participants for each consultation.

To allow time for additional recruitment efforts if certain stakeholder groups were underrepresented, LHIN sub-region directors were provided with the list of registrations prior to each session. Stakeholders were also able to identify their language preference (English / French) for small-group discussion.

While French and bilingual sessions were arranged as needed across all sub-regions, a special engagement was held for the Indigenous Health Circle Forum, as it was felt that the sub-region sessions would not facilitate an appropriate focus on the unique needs and priorities of this population. This session was held in addition to the sub-region consultations held at Algonquins of Pikwàkanagàn First Nation in Western Champlain.

Once individuals were registered for a sub-region consultation, they received a meeting confirmation email, with links to sub-region documents available on the Champlain LHIN website. They were asked to review these documents prior to the consultation. Some individuals who were unable to attend a consultation in person registered to provide feedback via an online survey.

[5] See Appendix B for full list

[6] See Appendix E for invitation content

Pilot Consultation and Feedback

On December 14, 2017, a pilot consultation was held with members from the Champlain LHIN Patient and Family Advisory Committee and several health service providers.

Based on feedback the LHIN received from this pilot, the presentation slide deck was refined, and an online survey option was incorporated into the consultation process.

Consultation Format

All face-to-face consultations followed the same format as outlined in the agenda[7]. The slide decks used are available on the Champlain LHIN website, here.

Consultations were divided into two parts. In the first half, highlights from the sub-region population health profiles were presented (see sub-region snapshots, available here). Small-group discussions were facilitated to identify key issues and priorities in the sub-region, and identify anything important that might have been missing from the profile.

The second half of the consultation focused on coordinated access to care, and began with a patient / caregiver sharing a small part of his / her journey within the health care system. This introduction was followed by a presentation on three system-level challenges, highlighting a few examples of work underway to address those challenges. This was followed by small-group discussions.

Each small group was assigned to discuss one of the three system challenges, and to provide a summary of their discussion to the whole group. The questions addressed during these discussions were:

1) *How can we spread the benefits of the Health Links approach to those who need it?*
2) *How can we continue to improve system navigation and referral to community services?*
   a) For patients and caregivers?
   b) For primary care?
   c) For others?
3) *How can we continue to improve access to primary care supported by allied professional care?*
   a) For patients and caregivers?
   b) For primary care?
   c) For others?

All participants were also asked "What could you or your organization do to help us address these system challenges?"

Summary of Participation

This table summarizes participation in the sub-region consultations by stakeholder group.[8]

Participation in sub-region consultations by stakeholder group

Stakeholder Group	# Participants	% of total participants
Health Service Provider	159	39%
Other	117	28%
Patient / Client / Caregiver	59	14%
Primary Care Provider	54	13%
Indigenous Health Circle Forum	12	3%
Online Survey	10	2%
Total	**411**	**100%**

[7] See Appendix D for agenda.

[8] Note that participants self-selected their group, and it is possible that the primary care provider category includes a number of staff from their offices in addition to physicians and nurses, for example. The total number of participants may reflect those who attended more than one consultations.

Approach to Analysis

Small-group discussion sessions were facilitated following a presentation of the population health profile that corresponded to the sub-region (found here). There was a designated facilitator and / or note-taker from the LHIN at each table who took structured notes for each topic and question.

Notes were typed up, compiled and entered into an Excel spreadsheet organized by sub-region, session, facilitator and topic / question. A separate sheet was populated with survey data, organized by sub-region and topic / question.

Two analysts conducted independent preliminary reviews of data for one sub-region and developed initial themes for each topic / question. The analysts then compared their themes and working definitions to arrive at consensus.

The analysts then coded data for the rest of the sub-regions, checking in regularly as the themes and definitions continued to evolve.

This iterative process was used to bring similar ideas together under a theme, and ensure a standardized approach was used to code all of the data.

Data unrelated to the dialogue question or that was ambiguous has not been included in the summary of *What We Heard*, as presented in this report.

Orientation to Report

Subsequent sections of this report present sub-region and regional summaries of the consultation findings, organized by major themes. Themes are listed in descending order according to the number of comments made related to the theme. Issues identified that did not respond directly to the question were added to the "Other" comments sub-section, as applicable.

The sub-section: "Important Issues Facing the Sub-Region" presents themes from most- to least-discussed in response to question one, and also integrates feedback from question two: "What else do you think is missing?" from the sub-region profiles.

The top three priorities identified are summarized separately. When discussion groups identified more than three priorities, responses were themed and noted in descending order from most- to least-discussed, with "other" concerns listed at the end.

Questions asked in part two of the consultation are included in the regional summary and presented by topic / question.

Survey results were incorporated into the sub-region summaries under the appropriate headings but not included in the response count that led to the ordering of major themes.

Where applicable, single comments were incorporated into multiple themes and / or multiple topics / questions, although the data itself may have only been coded to one theme.

Sub-Region Summaries

In this section, we summarize the specific issues and priorities identified by stakeholders in each sub-region.

In the Regional Summary section, we describe issues and priorities that were universally identified and help situate the sub-region summaries in the broader context of the Champlain LHIN.

Western Champlain

In all, 127 stakeholders were consulted: 125 attended 5 face-to-face consultations, and 2 participated online.

Participation in Western Champlain consultations, by stakeholder group

Stakeholder Group	# Participants (in-person and online)
Health Service Provider	58
Other	28
Patient / Client / Caregiver	20
Primary Care Provider	19
Online Survey	2
TOTAL **An individual may have participated in more than one consultation*	**127**

Important Issues Facing Western Champlain

To initiate the dialogue, participants were presented with the data summarized in the Western Champlain Population Health Profile Snapshot.

Below we summarize participant responses to the following question: "Based on the presented evidence, what do you feel are the most important issues facing this community?" We also incorporated any relevant input to the question "What else do you think is missing?"

Improved Access to Health Services

Access was the most discussed issue in Western Champlain. Participants identified an overall challenge with accessing health services. A number of specific examples were given, including:

- *Primary care*
- *Home and community care*
- *Caregiver supports*
- *Respite services*
- *Long-term care*
- *Dental care*
- *Allied health professionals*
- *Developmental services*
- *Psychiatrists and other medical specialists*
- *Hospital delivery rooms*
- *Community paramedicine.*

In terms of accessing primary care, it was identified that even patients who are assigned to a primary care provider can struggle to access services due to restrictive office hours. Participants said that difficulties accessing primary care is a long-standing issue that does not seem to be improving over time.

> *"Lack of primary care providers resulting in preventable visits to the emergency department (ED), lack of after-hours health services, again leading to preventable visits to the ED, and the high number of seniors in Western Champlain, which is estimated to grow by about 3.8% per year, and will need increasing supports in place to assist seniors to stay in their own home as they age."*

Targeted Efforts at Improving Local Population Health

Although the population health profile for Western Champlain resonated overall, participants identified a need for better local data to pin-point differences in the profile and needs among communities, and between rural and urban areas within the sub-region. For example, poverty, housing and low education levels were seen as key considerations in some communities more than others.

> *"[You] can't identify solutions unless we know what we are trying to solve."*

Some participants thought that the proportion of vulnerable children (19%) was likely higher than the figure reported in that sub-region's population health profile. Participants also identified a need for better data on mental health, which is likely underreported and would require additional resources to address.

There was a strong interest in addressing the social determinants of health and adopting a stronger overall focus on "prevention and wellness," emphasizing the importance of meeting the unmet needs of vulnerable populations, including:

- *Vulnerable children and youth*
- *Adults with high needs including developmental disabilities*
- *Younger populations without appropriate housing*
- *Aging caregivers*
- *Military families*
- *Seniors, including those:*
  - *living alone / isolated*
  - *living with dementia*
  - *with responsive behaviours.*

> *"Needs to be greater emphasis on health promotion and channeling energy into healthier behaviours."*

Regarding prevention activities, participants identified specific needs for more smoking-cessation programs, seniors' falls-prevention and physical activity promotion.

Improved Integration and Coordination of Services

Participants pointed to an opportunity to improve coordination and communication between Health Links care coordinators and long-term care homes when a patient is placed.

> *"Often appointments are not lined up, leading to patients having to travel multiple times, as opposed to more efficient lining up of appointments to reduce travel."*

To improve coordination, participants identified a need to change how funding is provided. Currently, they said, funding is allocated to "siloed programs."

There was general interest in pursuing a "rural health hub" model of care in which providers would collaborate more closely together, including joint hiring and sharing staff and information. It was noted that a "situation table" model could be an opportunity worth considering.

Community care providers would like to be more closely connected with primary care providers, through more face-to-face engagements.

Access to Transportation Services

Many patients are required to travel significant distances to appointments, which is particularly challenging in bad weather. There are few options for patients who cannot drive themselves to appointments.

Participants noted there are not enough volunteer drivers. As such, current community transportation services are not meeting the

demand, and the volunteer base is aging. There are no public transportation options in many areas, and private options are cost-prohibitive for some.

Improving Mental Health and Addiction Services

Participants were concerned about the prevalence of mental health and addiction issues, including the ongoing opioid crisis and incidence of self-harm, and lack of services including:

- *Psychiatry*
- *Residential treatment services for women*
- *Services for members of the military suffering from post-traumatic stress disorder*.

Participants emphasized the need and opportunities for better targeted services to meet different population needs, such as those for youth, adults (men and women), members of the military and seniors.

Need for Equity Considerations in Local Health System Planning and Delivery

It was noted that patients in other LHINs seem to have access to different services. The example given was the dental care subsidies that are available to a limited number of low-income earners in the South East LHIN.

Participants also wanted to ensure that health service planning was sensitive to the fact that patients access services within and beyond sub-region and LHIN boundaries.

Some participants felt that there was inequity of access to long-term care homes for local people, compared to those applying from outside the sub-region. They identified that local people are awaiting placement while they are in hospital, designated Alternate Level of Care, because local long-term care homes are "taken up by people from outside the region."

There is also a need to educate health service providers and the broader community about the Lesbian, Gay, Bisexual, Transgendered, Queer (LGBTQ) population and their needs.

Awareness and Navigation of Health Services

Participants thought that providing patients with information and navigation support was important, but would require additional resources.

> *"Need to build system navigation up to be able to help patients and caregivers through the bureaucracy of the health care system."*

Improving Chronic Disease Management

Participants were concerned about the prevalence of chronic disease in the sub-region; particularly diabetes, ischemic heart disease and cancer. It was noted that the rate of prostate cancer might be higher than reflected in the data. Participants thought there might be a need to repatriate some cancer services.

> *"Prevalence of the various chronic diseases is not that much worse in this area but potential years of life lost by cause is higher in [Western Champlain]. This is very concerning as it would suggest people are dying prematurely."*

Other Concerns

Participants noted that Lanark County is served by two LHINs and that health service planning would be better if it were kept whole.

Top Three Priorities for Western Champlain

Following the discussion of the important issues facing their sub-region, participants in each small group were asked to identify the following top three priorities for Western Champlain. They were:

1) *Improve access to a range of health services.*

   Participants strongly emphasized the need to increase access to a range of services for seniors and others, including:

   - *Primary care*
   - *Dental care*
   - *Home and community care*
     - Personal support
     - Care coordination
     - Assisted living services
   - *Long-term care*
   - *Mobile clinics*
   - *Telemedicine*
   - *Respite services*
   - *Dieticians*
   - *Allied health professionals.*

   There was a lot of discussion about the need to attract and retain more personal support workers (PSWs), including through providing better compensation and work conditions, and guaranteed hours. The "huge geography" was seen as a key challenge for PSWs in trying to meet rural community needs currently.

2) *Increase access to transportation and find ways to meet the health and social needs of isolated people.*

   Participants talked a lot about the challenges of transportation, and the distance required to travel to appointments, from the perspectives of patients and providers. They saw these challenges as barriers to accessing services and contributing to social isolation.

   They identified opportunities to leverage technology to create access to services and social interaction among isolated patients.

3) *Need to offer fuller spectrum of mental health services, including French language mental health services.*

   Participants identified a need to increase access to mental health services in the area; especially for Francophones. It was noted that there is a need for "a fuller spectrum of health care services to support mental health and addiction."

Western Ottawa

In all, 33 stakeholders were consulted: 32 attended 5 face-to-face consultations, and 1 participated online.

Participation in Western Ottawa consultations by stakeholder group

Stakeholder Group	# Participants (in-person and online)
Health Service Provider	13
Other	10
Patient / Client / Caregiver	7
Primary Care Provider	2
Online Survey	1
TOTAL *An individual may have participated in more than one consultation	**33**

Important Issues Facing Western Ottawa

To initiate the dialogue, participants were presented with the data summarized in the Western Ottawa Population Health Profile Snapshot.

Below we summarize participant responses to the following question: "Based on the presented evidence, what do you feel are the most important issues facing this community?" We also incorporated any relevant input to the question "What else do you think is missing?"

Improved Access to Health Services

Participants identified a need for more family health teams. While the overall area has not been identified as underserved by the Ministry of Health and Long-Term Care (Ministry), participants felt they would generally benefit from more primary care providers. A lack of access to, and availability of, primary care was seen as linked with overuse of local hospital emergency departments. Participants noted that extended office hours and shorter wait times to see family doctors would help rostered patients access their primary care providers. In some communities, there may also be a need for more walk-in clinic options.

> *"The availability of primary care in Western Ottawa. We travel to Orléans for our doctor and have seen this type of pattern confirmed with other neighbours and community members."*

Participants were also concerned about long wait times for first service from home care after discharge from hospital.

It was also noted that access to mental health and addiction services could be improved.

> *"Access to affordable and place based mental health and addiction services. There are not a lot of services to support the mental health needs of children and youth within our suburban and rural areas of Western Ottawa."*

Need for Equity Considerations in Local Health System Planning and Delivery

Although the sub-region profile generally resonated, there were concerns about whether the cultural and linguistic diversity of the sub-region was fully captured.

> *"Different cultures are afraid to ask for help or just don't know it is ok to ask."*
>
> *"Very few providers with French language designation."*

There was a lot of discussion about inequities in access to services for some communities in the sub-region compared to others.

> *"[Culture is] so important for different groups – often seems to be overlooked or they do not tend to participate in these engagement sessions [and] therefore their voices are not heard– there is also a rural culture."*

Participants also identified a need for more appropriate services for transgendered persons; particularly for physician services and long-term care.

A need for "elderly parent advocacy" supports was also noted.

Targeted Efforts at Improving Local Population Health

Participants want to see improvements in access to services for seniors and children.

> *"A focus on services available to children is needed as many communities that have been established…don't seem prepared to support the amount of families in new developments (i.e. Kanata's newer neighbourhoods have caused over population in schools)."*

Areas for further data analysis included:

- *Cultural and linguistic diversity*
- *Need to better understand the rate of dementia and Alzheimer's disease*
- *Child and youth mental health*
- *Needs of gender diverse communities*
- *Rural community needs*
- *Service levels across the LHIN*
- *Service use by residents of the sub-region compared to those from outside.*

Some participants questioned whether Champlain was the appropriate sub-region comparator in all cases and wondered whether provincial benchmarks might exist.

Awareness and Navigation of Health Services

Participants emphasized that primary care providers should pursue a closer connection to home care.

Top Three Priorities for Western Ottawa

Following the discussion of the important issues facing their sub-region, participants in each small group were asked to identify the top three priorities for Western Ottawa. They were:

1) *Establish a patient and family advisory council.*

   The group discussed that a sub-region council should meet locally and be representative of the local population.

2) *Prioritize mental health literacy and early detection among youth, and build mental health human resources in the area.*

   Participants wanted to prioritize mental health literacy and earlier detection of mental health in youth, along with increasing access to youth mental health services. They identified a need to address "opioid dangers" and to build mental health human resources capacity in the area.

3) *Create alternatives to Alternate Levels of Care to address the shortage of options, compared to other sub-regions.*

   Participants identified a specific need for more alternatives to Alternate Level of Care (ALC) hospital beds in Western Ottawa. Participants cited statistics that suggested a shortage of these alternatives compared to other sub-regions.

Central Ottawa

In all, 105 stakeholders were consulted: 102 attended 5 face-to-face consultations, and 3 participated online.

Participation in Central Ottawa consultations by stakeholder group

Stakeholder Group	# Participants (in-person and online)
Health Service Provider	40
Other	38
Patient / Client / Caregiver	16
Primary Care Provider	8
Online Survey	3
TOTAL **An individual may have participated in more than one consultation*	**105**

Important Issues Facing Central Ottawa

To initiate the dialogue, participants were presented with the data summarized in the Central Ottawa Population Health Profile Snapshot.

Below we summarize responses to the question: "Based on the presented evidence, what do you feel are the most important issues facing this community?" We have also incorporated any relevant input to the question "What else do you think is missing?"

Need for Equity Considerations in Local Health System Planning and Delivery

Participants were concerned about vulnerable and underserved populations, such as:

- *Indigenous populations*
- *Immigrants and refugees*
- *Francophones*
- *Culturally diverse populations who do not speak English or French*
- *LGBTQ, particularly those who are homeless and / or at risk of suicide*
- *Isolated and complex seniors, including those with dementia*
- *Caregivers*
- *Individuals with disabilities and dual diagnosis*
- *Those with mental health and addiction issues*
- *Vulnerable children*
- *Socioeconomically disadvantaged and homeless*
- *Those without a primary care provider.*

Cultural sensitivity and safety training were seen as important for providers to meet the needs of Indigenous and LGBTQ populations.

Providers would also benefit from more timely access to interpretation and translation services to better serve these patients, and reduce wait times for services. Producing educational materials in languages other than English and French was also seen as important in meeting these needs.

There was some discussion about whether the high number of patients accessing services in Central Ottawa who live outside the sub-region impacts the ability of local residents to access services, who prefer to access primary care services close to home.

It was noted that there is significant reliance on walk-in clinics in Ottawa that may not be well-understood and could be higher than in other parts of the region.

Improved Access to Health Services

Specific access issues in Central Ottawa include:

- *Need for more pediatric and school-based services for vulnerable children*
- *Timely access to services for complex patients*
- *Affordable private accommodations for low-income residents requiring behavioural supports in long-term care homes*
- *Redevelopment of long-term care homes classified by the Province as being in need of redevelopment*
- *Alternatives to long-term care for disabled adults with high needs*
- *Increase in affordable day programs*
- *Availability of primary care after hours and during holidays.*

> *"[There is a] problem with insufficiency - doesn't matter how well organized or how efficient if there are not enough [services]."*

Improving Mental Health and Addiction Services

Insufficient mental health and addiction services was identified as a "significant and growing concern." Specific issues in Central Ottawa include:

- *Supports for "transient" population who struggle with these issues*
- *Supports for the general population more commonly seeking services*
- *More services for alcohol users including women and students*
- *Shortage of recovery beds*
- *Need more access to psychiatry*
- *Better training of long-term care staff in mental health and a need to hire developmental services workers*
- *Services for youth, including those with mental health issues, developmental delay, acquired brain injury, autism and psychosis*
- *Mental health services for those aged 65+ including a growing number who have a dual diagnosis.*

> *"[It is] important to address improvements in access to mental health services earlier in the community – this is very important for isolated people. Providers can see the person going down but can't get access to the services the person needs."*

Participants discussed the need to clarify eligibility for health and community services for patients with mental health issues, compared to those with developmental disabilities.

Targeted Efforts at Improving Local Population Health

In the context of addressing the social determinants of health, participants wanted to focus on meeting the needs of:

- *Those living on low-income*
- *People living alone*
- *Those experiencing housing challenges (e.g. long waitlists)*
- *Those living in high-density housing.*

> *"Need this region to have a more in depth analysis because of the density of the population."*

For future service planning, stakeholders wanted more local data about:

- *Prevalence of dementia*
- *Prevalence of mental health (often underreported)*
- *Linguistic and cultural diversity, including alternative ways of practicing medicine*

- *Health impacts of rising urban crime (e.g. vandalism)*
- *Caregiver burden*
- *Retirement homes*
- *Utilization of walk-in clinics.*

> *"The diversity of the Central Ottawa sub-region seems to get lost – likely due to the density of the population in terms of the population health information presented."*

Improved Integration and Coordination of Services

It was suggested that social workers and interpretation services should be accessible through primary care, and that primary care providers should be linked to each other.

Awareness and Navigation of Health Services

Participants identified that the level of awareness and use of community resources varies by primary care practice.

In addition to increasing knowledge of community resources, participants noted that it is also important for providers to know where to access specialists and sub-specialists (e.g. neurologists specializing in Huntington's disease).

Top Three Priorities for Central Ottawa

Following the discussion of the important issues facing their sub-region, participants in each small group were asked to identify the top three priorities for Central Ottawa. They were:

1) *Focus on addressing the social determinants of health and meeting the needs of vulnerable populations.*

   Participants would like to see targeted efforts at addressing the social determinants of health and meeting the needs of specific vulnerable populations (such as seniors, including those who are isolated, living with dementia, culturally and linguistically diverse communities and people living in poverty). They suggested building a seniors strategy, and focusing on increasing language supports.

2) *Increase mental health and addiction treatment capacity through integrating services, address the opioid crisis and provide patients with more housing and service navigation supports.*

   Participants identified a need to integrate mental health and addiction services and to increase "treatment capacity" and access through primary care.

   They identified a specific need to address housing challenges and reduce the complexity of system navigation, and wanted to see the opioid crisis addressed.

3) *Integrate services to reduce fragmentation and enhance coordination between health and community services.*

   Participants identified a need to improve the integration of services to reduce fragmentation and increase access to the right care, at the right time, in the right place. They thought this would, in turn, better utilize capacity in the whole system.

   Participants also want to see better coordination among health service providers, with an emphasis on primary care and community services; particularly for complex patients and those at risk of poor health outcomes due to challenges with the social determinants of health.

Eastern Ottawa

In all, 50 stakeholders were consulted: 49 stakeholders attended 3 face-to-face consultations, and 1 participated online.

Participation in Eastern Ottawa consultations, by stakeholder group

Stakeholder Group	# Participants (in-person and online)
Health Service Provider	15
Other	19
Patient/Client/Caregiver	3
Primary Care Provider	12
Online Survey	1
TOTAL **An individual may have participated in more than one consultation*	**50**

Important Issues Facing Eastern Ottawa

To initiate the dialogue, participants were presented with the data summarized in the Eastern Ottawa Population Health Profile Snapshot.

Below we summarize responses to the question: "Based on the presented evidence, what do you feel are the most important issues facing this community?" We have also incorporated feedback on "What else do you think is missing?"

Improved Access to Health Services

Participants were particularly concerned about a lack of access to services among seniors in the following areas:

- *Home care*
- *Community support services*
- *Adult day programs, especially those offered in French*
- *Long-term care*
- *Supportive housing*
- *Respite and caregiver supports*
- *Residential hospice.*

Additional concerns included:

- *Adults under age 65 often need the same services as seniors, but are ineligible to access them*
- *Lack of access to developmental services for youth*
- *Lack of a community health centre to meet the needs of vulnerable people.*

Improving Mental Health and Addiction Services

There was a lot of discussion about the need for youth mental health and addiction supports, and services for those with a dual diagnosis. A special need was identified for French language mental health services. It was noted that social work is challenging to access and that a "mental health line" could be a useful service.

> *"[We] need more mental health services across the entire spectrum of services."*

There were concerns about financial barriers to accessing specialist services for mental health, even for patients who have insurance.

> *"[We have] seen an increase in demand in Eastern Ottawa for case managers for geriatric psychiatry for mental health and dementia."*

Need for Equity Considerations in Local Health System Planning and Delivery

Participants identified that the communities outside of Orléans have needs that should be considered in health service planning. Participants also identified a difference in available resources between communities within the sub-region.

There was an identified need for French language services, including a French language adult day program and mental health services, and for services in languages other than English and French. There may be a particular need for services for people identifying as LGBTQ.

Awareness and Navigation of Health Services

Participants were concerned that patients do not know who to call for help with navigation until it is often too late.

> *"Clients don't know who to call…many clients / families arrive in crisis and will usually seek help too late."*

Other concerns

- *Need to increase engagement with retirement homes*
- *Interest in better understanding causes of the higher rate of Parkinson's disease*
- *Concerns about the commuter lifestyle reducing quality time within families.*

Top Three Priorities for Eastern Ottawa

Following the discussion of the important issues facing their sub-region, participants in each small group were asked to identify the top three priorities for Eastern Ottawa. They were:

1) *Need for linguistically and culturally appropriate services, and equitable access between communities.*

   Participants wanted to ensure that linguistically and culturally appropriate services are able to meet the needs of Francophones and those who do not speak English or French. They also wanted to ensure the unique needs of residents in urban, suburban and rural areas were well understood, noting the "variation" in community needs within the sub-region.

2) *Focus on mental health promotion and targeted services for youth and those with complex needs.*

   Participants would like to see a focus on mental health promotion and prevention. They emphasized the need for targeted services for youth, including in schools, and the need to provide faster access to consultation services for complex patients.

3) *Improved access to supportive housing, community services and hospice and palliative care.*

   Participants identified a lack of access to community supports, including for isolated clients and seniors, and a need for supportive housing. They also wanted to increase the ability of local residents to die in their setting of choice.

Eastern Champlain

In all, 84 stakeholders were consulted: 81 attended 4 face-to-face consultations, and 3 participated online.

Participation in Eastern Champlain consultations, by stakeholder group

Stakeholder Group	# Participants (in-person and online)
Health Service Provider	33
Other	22
Patient / Client / Caregiver	13
Primary Care Provider	13
Online Survey	3
TOTAL **An individual may have participated in more than one consultation*	**84**

Important Issues Facing Eastern Champlain

To initiate the dialogue, participants were presented with the data summarized in the Eastern Champlain Population Health Profile Snapshot.

Below we summarize responses to the question: "Based on the presented evidence, what do you feel are the most important issues facing this community?" We have also incorporated any relevant input to the question "What else do you think is missing?"

Improved Access to Health Services

Participants identified a lack of access to:

- *Primary care, including after hours*
- *Home and community care for seniors and caregiver supports*
- *Community rehab and in-home supports for disabled adults who have recently transitioned from youth services*
- *Specialist services*
- *Palliative care and residential hospice*
- *Residential care including long-term care homes and supportive housing.*

The lack of access to primary and community care was seen as contributing to the overuse of hospital services, while a lack of access to specialist services, such as psychiatry, was seen as contributing to long waitlists.

Improved Integration and Coordination of Services

In addition to a need to clarify the role of care coordinators, participants identified opportunities to improve coordination of specific services including:

- *Home care services when multiple providers are involved*
- *Services for individuals with mental health and social issues who do not qualify for Health Links*
- *Follow-up after specialist consult and post-discharge from hospital*
- *Allied health services for patients of small primary care practices.*

Participants also identified that in Cornwall, some big employers have closed down their local operations. This has reduced access to health services, as people no longer have related employer insurance.

Targeted Efforts at Improving Local Population Health

There was a lot of concern about the wellbeing of vulnerable children and teens; including those with mental health issues, and those with disabilities when they transition from pediatric to adult services.

> *"We need to work more upstream to support children and address the challenges with school readiness/vulnerability. This includes supports for parents, such as employment and life skills, preconception health, housing, public health, primary care."*

Participants discussed the particular importance of health promotion and education, including the need for programs targeting vulnerable children and their parents to encourage healthy behaviours and environments, and active lifestyles.

Some additional local data points that participants would like to collect include:

- *The causes of lung disease, including a potential connection to farming*
- *Prevalence of neurological disease*
- *Causes of avoidable hospitalizations*
- *Primary care data that includes community health centres and nurse practitioner-led clinics.*

Participants also commented on the importance of understanding the area's "culture" relating to the use, or lack of use, of health care services and residents' health choices. They noted that some people are reluctant to seek and receive care.

Need for Equity Considerations in Local Health System Planning and Delivery

Participants emphasized a need for culturally appropriate services for Indigenous peoples, LGBTQ populations and new immigrants. They also emphasized a need for translation services to meet the needs of people who do not speak English or French.

Improving Mental Health and Addiction Services

Participants were concerned about the prevalence of mental health and addiction issues in the sub-region, including rates of self-harm and local experiences of the opioid crisis.

They identified specific needs for:

- *Improved access to mental health and addiction services through primary care*
- *Psychiatry services*
- *Mental health promotion*
- *Withdrawal supports where opioids have been used for pain management*
- *Specialization in mental health among nurse practitioners.*

> *"Mental health and addiction (MHA) is a significant concern in this area (e.g. one of the highest suicide rates in ON). Need more services and also need to start addressing the social determinants of health. Need to have walk-in clinics for MHA rather than having to go to the emergency department."*

Awareness and Navigation of Health Services

Participants identified a special need for health education to build health literacy.

Improving Chronic Disease Management

Concerns were expressed about "long-standing" issues with chronic disease in this sub-region. It was noted that the broader community is not well-engaged in these identified issues, and that there is a need for communication and education to help them understand.

Participants identified a need for complex care services to be locally available. They also emphasized that patients with complex social needs often also have complex medical needs.

Access to Transportation Services

Patients regularly experience transportation barriers to accessing health services, particularly when they need to travel to other centres to receive care, instead of receiving care locally. Patients may be unwilling or unable to travel long distances to appointments. In-home service providers often also travel long distances to see their patients; particularly in large, rural areas.

Top Three Priorities for Eastern Champlain

Following the discussion of the important issues facing their sub-region, participants in each small group were asked to identify the top three priorities for Eastern Champlain. They were:

1) *Improve access to primary care, including after-hours care, and in-home personal support services.*

   Participants strongly emphasized the need to develop and implement targeted recruitment efforts to attract and retain more primary care providers and personal support workers.

2) *Maximize local resources through service integration and focus on optimizing transitions in care.*

   Participants identified opportunities for providers to work better together to deliver better integrated and more coordinated services; including a continuum of care for seniors. They also saw a need to improve transitions from hospital to home, and from pediatric to adult services.

3) *Adopt "upstream thinking" and build health literacy to prevent chronic health issues, including mental health and addiction issues.*

   Participants emphasized the need to adopt "upstream thinking" in health service planning and to undertake education and health promotion activities to encourage prevention among people of all ages.

Regional Summary

This section summarizes regional challenges (those identified by participants across all sub-region consultations), a number of unique priorities and issues identified by participants in the Indigenous Health Circle Forum consultation, and a variety of ways that participants said their organizations could help.

System-Level Issues

There are a number of health challenges that impact the entire Champlain region. These are issues we heard about from stakeholders across all five sub-regions. They aligned well with the strategic directions outlined in the LHIN's *IHSP 2016-19*. The strategic directions are: Access, Integration and Sustainability

Important regional issues are described below, in no particular order[9].

Increasing Access to Home and Community Care Services

Stakeholders identified a need for increased access to home and community care services, with particular emphasis on in-home personal support services, assisted living services and other supports for seniors who want to age in place. They also discussed a need to support caregivers of complex seniors and others with high needs, such as those with disabilities.

More Residential Care and Housing Options

Stakeholders identified a need for more affordable and supportive housing options for seniors, people with disabilities and, in some sub-regions, people with mental health and addiction issues. Most sub-regions also identified a need for more residential hospice beds. There was also a broader discussion about housing as a determinant of health, and the need to ensure that people of all ages can access appropriate, affordable housing.

A few sub-regions identified a special need for more long-term care beds and other alternatives for hospital patients who are awaiting Alternate Levels of Care.

Ensuring Access to French Language Services

There was a lot of discussion about the need to ensure that health services were available in French. There was specific discussion about the need for French language adult day programs and mental health services in some sub-regions.

Addressing Rural Access Challenges

Stakeholders frequently raised concerns about the difficulties faced by rural residents in accessing the same type and level of service as residents of suburban and urban areas.

Participants shared ideas about how technology, mobile teams and volunteer capacity could be leveraged to reach rural residents, including isolated seniors, who struggle to access services. Stakeholders were concerned that sub-region data did not accurately reflect the unique local challenges faced by rural communities.

Improving Access and Coordination of Mental Health and Addiction Services

There was a lot of concern about the prevalence of mental health and addiction challenges in the sub-regions, with a particular focus on the need to address the opioid crisis, expand services for

[9] See Appendix C for a table that ranks the major themes across all sub-regions.

youth, and adopt a focus on mental health promotion and prevention; including through developing partnerships with schools.

> *"There should be a pipeline from community crisis services into Health Links particularly around mental health and geriatrics."*

Access to Transportation Services

Although transportation challenges are experienced most acutely in Eastern and Western Champlain, stakeholders across all sub-regions identified issues with access, affordability and/or accessibility of transportation, which create barriers to accessing needed services.

In rural areas, stakeholders described challenges faced by home and community care providers, such as Personal Support Workers, in traveling long distances to reach their patients.

> *"Often there are requirements to drive to appointments, even short ones, for treatments or care that could be provided locally by primary care or local hospitals, but referral pattern is to the large centres."*
>
> *"People will go without care before driving to the city."*
>
> *"People aren't seeking care because they cannot afford the transportation."*

Increased Coordination of Services

Stakeholders consistently pointed to a need to increase the coordination of services, particularly for complex patients (who may or may not qualify for Health Links), individuals with mental health and addiction issues, and patients transitioning between different levels and providers of care.

> *"Hospitals and emergency departments are aware of complex patients that have been serviced in their organization and are being discharged to the community - that would be a good time and place to identify and touch base with people to ensure their post episode care is coordinated and effective."*
>
> *"People are falling through the cracks when leaving hospital, particularly in rural areas."*
>
> *"[There is a] disconnect between hospital and community in terms of what exists and realities…often resources / services are not in place to support a patient from hospital to home."*

There was also discussion about the need for health and social services providers to better coordinate and integrate services, and for the LHIN and Ministry to work more closely with their counter-parts in the social system on funding and policy issues.

Addressing Social Determinants of Health and Focusing on Prevention

Participants shared a strong interest in addressing the social determinants of health and adopting a focus on prevention; particularly chronic disease prevention, and mental health promotion and prevention.

> *"We need to work more upstream to support children and address the challenges with school readiness/vulnerability. This includes supports for parents, such as employment and life skills, preconception health, housing, public health, primary care."*

Developing Targeted Interventions for Vulnerable and Underserved Populations

Participants brought a strong understanding of the unique challenges faced by vulnerable and underserved populations in their sub-regions. Although there was some variety in the groups identified within each sub-region, seniors, including isolated seniors, frail seniors, complex seniors and seniors with Alzheimer's disease or dementia, were consistently identified as being in need of targeted supports.

In four sub-regions, the unique needs of LGBTQ and Indigenous populations were identified.

Increasing E-system Adoption and Use

To facilitate better communication, collaboration, consultation, information sharing and coordination between providers, they pointed to a need for common electronic systems (e-systems). While some useful systems already exist, in some cases there is limited uptake or awareness of them among providers, while in other cases providers are using different systems that do not interface.

Existing systems to leverage include:

- *CareDove*
- *OTN*
- *HPG*
- *CHRIS*
- *eConsult*
- *ConnectingOntario*
- *Zoom.*

Primary care providers, in particular, emphasized the need for systems to be integrated with their electronic medical record system for them to be useful.

> *"[We need] universal access to a common patient record… to assist in delivery care help with follow through and effectiveness."*

Opportunities to improve the organization and user-friendliness of the Champlain Healthline website were also noted.

Increasing Awareness of Services among Patients and Providers, Streamlining Referrals, Increasing Navigation Supports

There was consensus that patients and providers need to be more aware of available resources and services in their area. Providers also identified a need and opportunity to streamline referrals processes and increase access to navigation / coordination supports through primary care to help connect patients to available services and resources.

Participants frequently discussed the need to build a repository / inventory or map of resources and services that could be accessed by patients and providers to support navigation and referral.

> *"Clients don't know who to call…many clients / families arrive in crisis and will usually seek help too late."*

While some stakeholders strongly believe in a "no wrong door" approach to accessing care, others would like to see a "single point of access" for information and referrals.

Need for Better Local Data

Participants felt it would be important to gather local data to augment the sub-region population health profiles and build a better understanding of community needs.

> *"Our data sources are complex and present many challenges to linking information to inform decisions. There needs to be a more strategic approach to data collection."*

There were concerns that data at the sub-region level would not reflect the unique needs of smaller communities within the sub-regions.

> *"[We need a] greater understanding of where people want services and what services people need."*

There was also strong interest in building a better understanding of the needs of particular population groups and in researching the causes of various health conditions found to be prevalent in their sub-region, according to the population health profile.

> *"[You] can't identify solutions unless we know what we are trying to solve."*

Stakeholders suggested additional data sources that could help inform population health profiles going forward, such as:

- *Patient complexity scores*
- *Material deprivation index*
- *Data from the Ottawa Neighbourhood Study Project.*

Indigenous Health

Unique Health Needs and Priorities

At least 3.5% of the Champlain LHIN's population identify as Indigenous, and we know that these community members have unique health needs. The LHIN continues to collaborate with the Indigenous Health Circle Forum (Circle) to understand and address Indigenous health needs across our region. The results of our consultations with the Circle at the Wabano Centre for Aboriginal Health, which drew 12 participants, are summarized below.

Continue to Prioritize Mental Health and Addiction Services

Focus on meeting the needs of especially vulnerable sub-populations, including women who have been victims of violence or other trauma, younger children who face long wait times for services, teens who are transitioning out of child welfare programs and are at an increased risk of homelessness and suicidal ideation, and adults with complex concurrent disorders who may be transient or experiencing housing issues.

Stakeholders encouraged providers to use a harm-reduction approach and to continue with delivery of integrated community support services. Stakeholders also want strategies aimed at addressing the opioid crisis to be more sensitive to the Indigenous experience and to balance the need for those strategies with the need to also ensure that patients who require medication for skeletal pain can access appropriate prescriptions.

Expand Indigenous Cultural Safety Training and Education for Health Service Providers

Stakeholders noted that there continues to be a need to train and educate providers in cultural safety, and to deliver culturally appropriate health services. It was noted that the existing Indigenous Cultural Safety program is good but needs to be expanded.

Focus on Health Promotion and Wellness

Stakeholders identified a key opportunity to promote health and wellness among Indigenous peoples to prevent adverse health outcomes. It was noted that Indigenous patients often seek health care services at the end stage of an illness rather than when symptoms / issues first occur. There is a need to address the social determinants of health, emphasizing income and housing issues, which negatively impact health outcomes.

Evolve Primary Care to Better Meet Indigenous Peoples' Needs

Indigenous communities in Champlain have identified access to primary care as a key health issue. Specifically, the health system needs to:

- *Empower Indigenous people to choose their own primary care provider*
- *Ensure primary care providers are educated and trained to meet the unique needs of Indigenous patients*
- *Create incentives for primary care providers to accept more Indigenous patients.*

The development of trusting relationships between primary care providers and Indigenous peoples was seen as being critical, along with the relationship between Indigenous peoples and hospitals - particularly in rural areas. It is also important to address linguistic barriers to care for Indigenous peoples.

Indigenous Peoples Continue to Encounter Racism in Health Care Institutions

Stakeholders who participated in both consultations identified racism as an ongoing issue in the Indigenous experience of health care in various settings.

> *"There is a need to address racism at its core. Many people do not feel safe to self-identify as Indigenous. Indigenous people are not seeking care…Stereotypes and racism [are] major barrier[s] to quality, patient-centred care for Indigenous people."*

Local data on Indigenous populations and patients is likely skewed because people are reluctant to self-identify.

Improve Alignment of Priorities and Approaches

Stakeholders identified opportunities for their priorities, approaches and needs to be better aligned with LHIN strategic planning efforts. For example, the Circle has identified health priorities, including increasing access to primary care and promoting community wellness, which could be aligned with LHIN planning.

They also noted that a holistic approach to care coordination is already being used by some Indigenous communities, which would align well with the LHIN's Health Links approach.

To meet the needs of Indigenous patients, system navigation is a common, if under-resourced, service offered by Indigenous health service providers and is often coupled with case management / patient advocacy; particularly for patients suffering from mental health and addiction issues.

Think Differently about System Performance Metrics

It was noted that "system goals may be different for Indigenous people. Rather than seeking to reduce health care use, maybe the goal should be to increase health care use. Appropriate and timely use, so that they are engaged in the health care system, and, by extension, in their own health and well-being."

Spreading the Benefits of Health Links

Physician / Health Service Provider Buy-In

In all sub-region consultations, participants stressed the importance of obtaining buy-in to the Health Links approach from physicians and other health service providers. A number of strategies were identified to facilitate this:

- *Widely communicating the goals and benefits of Health Links to physicians and other providers, including in social services*
- *Identifying champions, particularly among physicians, who are educated about Health Links and can help build engagement among peers*
- *Providing ongoing change management support*
- *Ensuring all provider staff are informed about Health Links, to foster buy-in.*

Communicating with providers, patients and caregivers was seen as being important to building trust between providers and building overall confidence in the Health Links approach, which would, in turn, promote participation.

Enhance Collaboration across Disciplines and Sectors

Stakeholders across all sub-regions also identified an important opportunity to strengthen communication and collaboration among providers and across sectors. There is also a need to ensure timely information sharing among providers on a Health Links care team.

Improved communication and collaboration would also support consistency in the approach. Information sharing, communication and collaboration would be supported by interoperable e-systems. It will be important to link coordinated care plans to EMRs.

Ensuring Capacity Exists to Facilitate Expansion

Stakeholders were concerned that insufficient resources exist to meet current demand, suggesting a need to prioritize referrals and resources according to need in the short-term and to provide sustainable funding for the long-term.

Capacity challenges were identified in relation to care coordination and the direct services. Providers responsible for referring and coordinating Health Links patients, in addition to their regular responsibilities, noted some workload challenges. Participants also thought the Health Links approach would benefit more patients than those who currently meet the criteria, pointing to a future need to broaden eligibility.

Clarify Provider Roles, Patient Eligibility and Referral Processes

There was a lot of discussion about potential sources of referrals to Health Links and who should be involved in identifying and referring eligible patients.

Stakeholders also saw a need to standardize and streamline referral processes, including clarifying eligibility criteria and exploring a centralized referral system. The need for a standard definition of the care coordinator role was also discussed.

Improving System Navigation and Referral

Simplify Access to Information and Referrals for Patients and Providers

Stakeholders across all sub-regions identified opportunities to improve navigation supports for patients and providers and to increase the awareness and accessibility of local services.

Timely access to accurate information about available services was seen as critical. However, participants were torn about whether a "no wrong door" approach, in which any organization would be equipped to provide information and referrals, or a designated central resource, whether in-house or accessible remotely, would best meet these needs.

Some participants also identified a need for organizations to be able to promote their own services, and for providers to be able to provide accurate information about each other's offering.

It was noted that existing tools like CareDove and eConsult, for providers, and Healthline, for patients, could be more widely promoted and better utilized. Other ideas for potentially helpful tools included:

- *Kiosk available in public spaces*
- *Central telephone number*
- *Map of locally available home and community support services*
- *Repository of local services*
- *Making educational materials available in community spaces.*

Several participants also pointed to a need to build capacity for patients and caregivers to be their own navigators and advocates within the health system. This was seen as a key component of the broader commitment to build health literacy: to enable the patient to "take control" and be "empowered to determine [their own] pathway to services / information [and] manage their care to meet their needs."

Better Care Coordination

Many stakeholders felt that system navigation would be a service provided by a care coordinator, or that coordination was part of the role of system navigators. They felt role and function clarifications for these positions would be helpful.

There was discussion of embedding care coordinators within larger organizations, such as family health teams and community health centres, and providing a central resource for smaller practices to reach out to. There was discussion about the need to ensure services are in place to meet both the health and social needs of patients, prior to their discharge from hospital. Participants also re-emphasized the opportunity to leverage existing e-systems to facilitate navigation and coordination, including coordinated care planning.

Improving Access to Interprofessional Primary Care Teams Supported by Allied Health Professionals

Ensure Equitable Access to Allied Health Professionals between Primary Care Models

Participants identified a longer-term need to evolve models of primary care to encourage more interdisciplinary, team-based care, and better access to allied health resources across different practice models.

Participants identified a short-term opportunity to increase the number of family health teams and / or community health centres that offer a range of health services and after-hours care. To reach rural and home-bound patients, it was

noted that mobile and outreach services, such as those delivered through hub and spoke / satellite models, should be increased. It was emphasized that, ultimately, every person in Champlain should have access to the same range of services.

Some thought that family health teams should reach out to unrostered patients to try to connect them to care. Although some participants suggested that allied health staff from community health centres could reach out to patients of smaller primary care practices, and that primary care providers could see patients via telehealth, in both cases additional resources would be required.

There was also discussion of positioning allied health professionals in public and private care settings.

Streamlined Navigation and Referral

As part of this discussion, participants reinforced the importance of improving navigation supports for providers and patients, including through expanding self-referrals in some cases. Improving the connection between primary care and community resources, and connecting primary care providers to navigators, were seen as being important to ensuring that patients receive "the best service possible." Participants suggested that each patient should have a single care coordinator, rather than multiple coordinators across different services.

Participants identified the overall need to simplify access to information about available resources, to help patients and providers to become more informed about available services and resources.

If providers were better informed about the range of allied health services, and other community resources, available to their patients, participants would expect a higher volume of referrals to programs, including health promotion and prevention programs like smoking cessation and the new Interprofessional Spine Assessment and Education Clinics.

Increase Focus on Health Promotion and Prevention within Interprofessional Primary Care Teams

Across all sub-region consultations, participants identified a need for interprofessional primary care teams to adopt a focus on health promotion and prevention as part of patient care. This could include building health literacy among patients including education about risk factors, encouraging healthy behaviours, focusing on the prevention and management – including self-management – of chronic diseases, and addressing the social determinants of health (SDOH).

Some participants noted that community needs, including SDOH considerations, should help inform the composition and service offerings of interprofessional primary care teams.

Improved Use of e-Systems

In all sub-regions, a key theme of discussion regarding interprofessional primary care was around encouraging greater uptake and use of existing e-systems aimed at supporting communication, collaboration and information sharing between providers and granting patients access to their own health information, electronically. Again the need for common electronic medical records, and interfacing e-systems, was discussed.

Ensure Allied Health Professionals are working to Full Scope of Practice

In three of five sub-region consultations, stakeholders identified the need to ensure allied health professionals are able to work to their full scope of practice within interprofessional primary care teams. There was discussion about potential legislative and financial barriers and potential solutions to achieving this.

How Organizations Can Help Address System Challenges

Asked to identify how their organization could help to address key health system challenges, including the three identified above (spreading the benefits of Health Links, continuing to improve system navigation and referral, and increasing access to interprofessional primary care teams supported by allied health professionals), participants identified several opportunities, including:

- *Improving collaboration with other providers and sectors*
- *Facilitating access to services*
- *Encouraging uptake and use of existing e-systems*
- *Supporting system navigation and coordination, including helping to educate providers and patients about available services and Health Links*
- *Enhancing the flexibility of provider mandates to help meet system challenges.*

Conclusion & Next Steps

The health service providers, primary care providers, patients and caregivers, and others who participated in the recent round of sub-region consultations provided the LHIN with rich feedback about the unique issues and opportunities that exist in the communities we serve.

These consultations, along with ongoing engagements with Indigenous communities and our partners in public health across the region, serve as a foundation to ongoing collaboration aimed at improving integration, access and sustainability within our health care system and improving population health.

We look forward to continuing collaboration with our partners across the region as we continue to develop sub-regions as a framework for future health service planning across the Champlain LHIN.

The results of these consultations have already informed the context of the Champlain LHIN's *Annual Business Plan 2018-19.* The results will further inform the development of the LHIN's next *IHSP* for 2019-22, which sets the direction for our work with key partners to meet the evolving needs of our communities.

Appendix A: Key Themes and Definitions

Theme	Definition
Key Issues	
Improved Access to Health Services	• *Improving access to:* ○ Residential care / supportive housing options ○ Home and community care ○ Primary care and allied health practitioners ○ Medical specialists ○ Caregiver and family supports ○ Health technologies • *Impacts of lack of access on wait times, avoidable visits to the emergency department and avoidable hospitalization*
Improving Mental Health and Addiction Services	• *Local access to mental health and addiction services* • *Prevalence and impact of mental health and addiction, including the opioid crisis and incidence of self-harm* • *Opportunities for collaboration on prevention programs*
Improving Chronic Disease Management	• *Addressing prevalence and management of chronic disease* • *Increasing access to primary care for complex patient* • *Evolving primary care compensation models to incentivize caring for patients with complex chronic conditions*
Awareness and Navigation of Health Services	• *Need for education and training, awareness-raising and health literacy promotion around local services and resources* • *Need to provide support with service navigation, including through peer-led models, to help resolve confusion*
Access to Transportation Services	• *For patient access, traveling long distances, high cost, challenges for health service providers*
Targeted Efforts at Improving Local Population Health	• *Importance of collecting and understanding good local data* • *Focusing on health promotion and prevention, including early intervention and addressing social determinants of health*
Need for Equity Considerations in Local Health System Planning and Delivery	• *Addressing the inequity of access between sub-regions and communities, as well as between sub-populations including the vulnerable and under-served, such as:* ○ Immigrants, newcomers, refugees and those who do not speak an official language ○ Francophones ○ Those identifying as LGBTQ ○ Indigenous populations ○ Seniors, including isolated seniors ○ Children and youth; including those with disabilities ○ Adults with unmet health needs

Improved Integration and Coordination of Services	• *Promoting flexibility of provider mandates and services* • *Fostering provider collaboration and communication* • *Breaking down silos and addressing service fragmentation* • *Ensuring continuity of care between levels and providers, including through improving transitions from hospital to home and from pediatric to adult services*
Health Links	
Clarify provider roles, patient eligibility and referral processes	• *Clarifying and communicating the target patient population and corresponding eligibility criteria* • *Streamlining patient identification and referral processes, including increasing the number of referral sources / partners*
Ensuring capacity exists to enable expansion	• *Resource sustainability and need for long-term planning* • *Ensuring coordination and service provider capacity exists* • *Facilitating expansion of the approach to serve more clients*
Physician / health service provider buy-in	• *Offer mentorship / education / engagement to help providers see the value and benefits, and obtain 'buy-in'* • *Widely communicate and promote the approach with patients and providers* • *Demonstrate the value and cost-savings* • *Encourage / create flexibility in service models to support*
Enhance collaboration across disciplines and sectors	• *Facilitate better communication and sharing between providers, including those engaged in patient care teams* • *Promote shared accountability and co-creation* • *Build trust among providers and capitalizing on relationships* • *Pursue one EMR and/or system interoperability (systems being able to 'talk to' one another)* • *Reduce duplication of reporting*
Service Navigation	
Better care coordination	• *Better sharing, teamwork and communication between providers to promote connections / connecting services* • *Enabling patient advocacy*
Simplifying access to information and referrals for patients and providers	• *Promoting use of tools like e-systems* • *Creating a repository or map of local resources* • *Creating a single entry point / contact or phone number, centralized intake* • *Increasing knowledge among providers of other providers* • *Encouraging a "no wrong door" or "one stop shop" approach* • *Better and/or shared patient needs assessments* • *Standardized processes and forms* • *Better referrals, including 'warm hand-offs'*

Interprofessional Primary Care Teams	
Ensure equitable access to allied health professionals between primary care models	• *Evolving traditional primary care models and compensation structures to encourage interdisciplinary team-based care and meet identified needs to bring care closer to home (hubs / satellites and outreach services) and offer after-hours care* • *Addressing inequities of access to allied health professionals between large vs small primary care practices*
Streamlined navigation and referral	• *From primary care providers to allied health* • *Promoting collaboration between practitioners / providers to offer service navigation* • *Ensuring patients are informed about available resources and simplifying access*
Improved use of e-systems	• *To facilitate practitioner / provider collaboration and sharing* • *To facilitate patient access to health services* • *To improve scheduling and communication within practices*
Ensure allied health professionals are working to full scope of practice	• *Ensure allied health professionals are able to work to their full scope of practice* • *Maximize locally available resources and tap into existing, underutilized capacity*
Increase focus on health promotion and prevention within interprofessional primary care teams	• *Focus on education, health promotion, and addressing the social determinants of health*

Appendix B: List of Consultations

Date	Sub-Region	Time	Location	Address
1) Thu, Jan 11, 2018	Western Champlain	5 - 8:30 pm	Groves Park Lodge - GEM Hall	470 Raglan St N, Renfrew
2) Fri, Jan 12, 2018	Eastern Champlain	9 am - 12:30 pm	*Centre de Santé Communautaire de L'Estrie*	841 Sydney St, Cornwall
3) Mon, Jan 15, 2018	Central Ottawa	1:30- 5 pm	Hintonburg Community Centre	1064 Wellington St West, Ottawa
4) Tue, Jan 16 2018	Western Champlain	1:30 - 5 pm	Algonquins of Pikwàkanagàn First Nation Community Centre – Elders Lodge	96 Chibekana Inamo, Pikwàkanagàn
5) Wed, Jan 17, 2018	Eastern Ottawa	9 am - 12:30 pm	Orléans United Church	1111 Orléans Blvd, Gloucester
6) Thu, Jan 18, 2018	Eastern Champlain	5 - 8:30 pm	St. Clare's Anglican Church	2530 Falcone Lane, Winchester
7) Fri, Jan 19, 2018	Central Ottawa	9 am - 12:30 pm	Nepean Sailing Club	3259 Carling Ave, Nepean
8) Mon, Jan 22, 2018	Western Ottawa	5 - 8:30 pm	Goulbourn Town Hall	2135 Huntley Rd, Ottawa
9) Wed, Jan 24, 2018	Western Champlain	9 am - 12:30 pm	Carefor Mackay Centre	700 Mackay St, Pembroke
10) Thu, Jan 25, 2018	Eastern Ottawa	1:30 - 5 pm	Metcalfe Golf Club	1956 8th Line Rd, Metcalfe
11) Mon, Jan 29, 2018	Eastern Ottawa	5 - 8:30 pm	Pine View Golf Course	1471 Blair Rd, Gloucester
12) Tue, Jan 30, 2018	Western Champlain	1:30 - 5 pm	St Francis Memorial Hospital, Lakeview Room	7 St Francis Memorial Dr, Barry's Bay
13) Wed, Jan 31, 2018	Central Ottawa	5 - 8:30 pm	Hunt Club-Riverside Park Community Centre	3320 Paul Anka Dr, Ottawa
14) Thu, Feb 1, 2018	Eastern Champlain	1:30 - 5 pm	Benson Centre MacEwan Room	800 Seventh St West, Cornwall
15) Fri, Feb 2, 2018	Central Ottawa	9 am - 12:30 pm	The Good Companions Seniors' Centre	670 Albert St, Ottawa
16) Mon, Feb 5, 2018	Eastern Champlain	1:30 - 5 pm	Hawkesbury & District General Hospital - Mental Health and Addiction Regional Centre	580 Spence Ave, Hawkesbury

17) Tue, Feb 6, 2018	Central Ottawa	1:30- 5 pm	Indigenous Health Circle Forum - Wabano Centre for Aboriginal Health	299 Montreal Rd, Vanier
18) Wed, Feb 7, 2018	Western Ottawa	9 am - 12:30 pm	Rural Ottawa South Support Services	1128 Mill St, Manotick
19) Thu, Feb 8, 2018	Central Ottawa	1:30 - 5 pm	Richelieu-Vanier Community Centre	300 des Pères-Blancs Ave, Ottawa
20) Mon, Feb 12, 2018	Western Champlain	1:30 - 5 pm	North Lanark Community Health Centre	207 Robertson Dr, Lanark
Feb 9 - 16, 2018	All sub-regions	N/A	Online	

Appendix C: Regional Themes

The table, below, shows the important issues as identified by each of the sub-regions. They are in descending order, according to the number of related comments (1 = most discussed to 8 = least discussed). The maximum number of themes discussed was eight, and sometimes "Other concerns" were also noted[10]. If three or fewer comments were made in relation to a particular theme, it was not identified as a "major theme" but may have been included under another heading or as an "other concern," depending on the issue. This analysis considers responses to two questions:

1) *Based on the presented evidence, what do you feel are the most important issues facing this community?*
2) *What else do you think is missing?*

Ranking of important issues within and between sub-regions, by theme

	Access	Equity	Integration and Coord-ination	Awareness and Navigation	Targeted Efforts	Mental Health & Addictions	Transport-ation	Chronic Disease Prevention
Western Champlain	1	6	3	7	2	5	4	8
Western Ottawa	1	2		4	3			
Central Ottawa	2	1	5	6	4	3		
Eastern Ottawa	1	3				2		
Eastern Champlain	1	4	2	6	3	5	8	7

As shown, *Access to Health Services* was the most commonly identified issue across all sub-regions.

Although not discussed as often, *Need for Equity Considerations in Local Health System Planning* was also identified as an important issue across all sub-regions.

In all sub-regions except Western Champlain, participants identified a need to provide more interpretation and translation supports to ensure the health needs of people who do not speak English or French can be met. These participants frequently noted cultural diversity considerations.

[10] Note: the number of comments made does not necessarily give a sense of the weight or importance of the comments, which helps to explain cases where the highest ranked "important issues" do not exactly match the top three priorities identified. Also note that the blank cells in the table do not necessarily indicate that no comments were made under the related theme but, rather, that comments were too few in number to consider them illustrative of a "major theme."

During all sessions, participants discussed the need to address the social determinants of health. There were strong calls from many stakeholders to adopt a focus on health promotion and prevention, early intervention, and "upstream thinking."

Although *Targeted Efforts at Improving Local Population Health* did not emerge as a strong theme of the discussion in Eastern Ottawa, participants acknowledged the importance of the social determinants of health.

Based on the number of comments, the issue discussed the least was *Improving Chronic Disease Management*, although throughout the sessions, a strong emphasis was placed more broadly on health promotion and prevention.

Similarly, while, by the number of comments made, *Improving Mental Health and Addiction Services* was not identified as a major theme in Western Ottawa during the discussion of important issues, participants went on to identify this as their third of three top priorities for the sub-region.

The number of comments made about *Transportation* as an issue within each of the sub-regions were often minimal and, therefore, did not always point to a "major theme;" however, transportation challenges were discussed in all sub-region consultations, pointing to a system-level issue. These issues are most acutely faced in the large and predominantly rural sub-regions of Western Champlain and Eastern Champlain.

Although the number of comments made by participants in Eastern and Western Ottawa did not justify identification of *Improved Integration and Coordination of Services* as a major theme in these sub-regions, these issues were nevertheless discussed. This was a major theme identified in the other three sub-regions.

Appendix D: Typical Consultation Agenda

Agenda	
	Arrival & Registration
20 min	**Welcome & Opening Remarks**
30 min	**Population Health Profiles Presentation** Short Q & A session
30 min	**Population Health – Small-Group Discussion** 1) *Based on the presented evidence, what do you feel are the most important issues facing this community?* 2) *What else do you think is missing?*
10 min	**Break**
10 min	**A Patient's/Caregiver's Journey**
5 min	**Key Elements of Coordinated Access**
30 min	**System Challenges Presentation**
65 min	**Improving Access – Small-Group Discussions** 1) *How can we spread the benefits of the Health Links approach to those who need it?* 2) *How can we continue to improve system navigation and referral to community services?* • For patients and caregivers? • For primary care providers? • Others? 3) *How can we continue to improve access to primary care supported by allied professional care?* • For patients and caregivers? • For primary care providers? • Others? 4) *What could you or your organization do to help us address these system challenges?*
10 min	**Lessons Learned and Next Steps**

Appendix E: Invitation

Dear Colleagues and Partners,

Last year, we had the pleasure to engage with you in a process to identify sub-regional planning areas within the Champlain LHIN. sub-regions will serve as a focal point for integrated health service planning and delivery to address the unique health needs of our communities.

Sub-regions will also support a broader population health approach to health system planning. As a first step, the Champlain LHIN, in partnership with the four Public Health Units in our region and other stakeholders, prepared a population health profile for each sub-region. These profiles provide information about the characteristics and health status of each sub-region and will help to inform future planning.

Please join us at the next phase of sub-region planning: LHIN Sub-Region Consultations: Transforming Pathways to Care*.*

During this consultation, we will discuss the sub-region profile and its key findings, as well as seek your input to identify and inform local priorities to improve coordination of care in your sub-region.

We will be hosting consultations in various towns and cities across the sub-regions. Click the link below to register for a consultation date in your sub-region. Spaces are limited, so we encourage you to sign-up for one session only.

Engaging patients and families is central to guiding health system improvements. We want to ensure patients and caregivers are well represented in the consultations and appreciate your help sharing this invite with interested members of the community, Patient and Family Advisory Committee members or client advisors involved in your work.

Registration: LHIN Sub-Regions: Transforming Pathways to Care *(Select your sub-region):*

Western Champlain Consultations

Western Ottawa Consultations

Central Ottawa Consultations

Eastern Ottawa Consultations

Eastern Champlain Consultations

To identify the sub-region in which you live or work and learn more about your sub-region, please visit: Champlain LHIN Sub-regions.

I look forward to working together in this next phase of health system transformation. Should you have any questions about the consultations taking place in your sub-region, please contact Natalie Nelson, Program Assistant for Health System Planning (Natalie.Nelson@lhins.on.ca, 613-747-3222, or toll-free 1.866.902.5446 x 3222).

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