

People and Communities First!

Champlain Community Health Centres Response to Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario.

The Champlain Community Health Centres (CHCs), which are governed by community-based Boards of Directors, applaud the Government of Ontario for taking a bold step to advance a policy direction that acknowledges primary health care as the foundation of a high performing health system and commits to address health inequities and ensure access to services, particularly for vulnerable populations. That said CHCs have some cautions about different aspects of what has been proposed.

Shift the conversation to people and communities rather than patients

The health system needs to evolve to consider the whole person and what is important to help people achieve their full health potential. This includes their physical and mental health and their need for support in the home. It includes addressing barriers to health like income, employment, housing, food security and community belonging. It recognizes the importance of upstream initiatives, health promotion and primary prevention.

Strengthen provincial stewardship

The Ministry of Health and Long Term Care must fulfill its critical stewardship role to ensure consistency across the province by leading strategy and policy development. To benefit all Ontarians the government must set the expectations that:

- Primary health care be the foundation of the health system
- A common approach to equity-informed population needs planning is used to identify and address access issues
- All Ontarians, regardless of where they live, have equitable access to a core set of services, tailored to the unique needs of the population
- Key services such as mental health and addictions, midwifery, community support services, home care, palliative care and oral health be integrated with primary care
- Evidence-based approaches and quality improvement guide service design and delivery.

Embed healthy equity throughout the system

It is estimated that 22% of the population face barriers to health and require an Integrated Model of Health and Well-being. This includes providing accessible access to primary health care services and health promotion strategies that address determinants of health and community capacity building. This requirement has been validated by the experience of CHCs for many populations and more recently by health system partners in Health Links responsible for coordinating care for people that are high users of the health system. Addressing specific barriers to health (e.g., ability to pay for medications, to access food or to address housing issues) saves money by stabilizing people's lives and reducing the need for higher cost health system responses.

More effective integration of services and greater equity (Proposal 1)

An expanded role for LHINs to encompass accountability for all local health system planning and performance management, including all models of primary care, will foster more integrated planning across the region and across the continuum of health resulting in enhanced services for residents.

Expanding the role of LHINs to include service delivery and management of Community Care Access Centres (CCACs) will result in a serious conflict of interest that would become an impediment to whole system planning and compromise the integrity of the LHIN's role.

Timely access to primary care, and seamless links between services (Proposal 2)

A move from the silo approach to planning to a more robust integrated planning orientation that encompasses all sectors including primary care, mental health and addictions services, home care, community support services, palliative care, midwifery and acute care is crucial. The focus needs to shift from clients assuming the responsibility for system navigation to developing shared care approaches that increase access to inter-professional primary health care teams and ensure warm hand-offs as clients transition between services.

A “collective impact” approach¹ within sub LHIN regions could be a nimble response to engage all models of primary care and organizations across sectors (along with the full range of professionals offering clinical leadership) to pursue common goals without adding a new layer of governance. The infrastructure of primary care organizations like CHCs could be leveraged to provide the backbone support functions.

More consistent and accessible home and community care (Proposal 3)

The service model of CCACs needs to change not just its management. Once the service model is clarified governance decisions can follow. To be responsive and efficient, care coordination needs to be directly integrated into primary care organizations and expanded to include responsibility for enabling access to a full range of services. Defining and ensuring access to a common basket of services will reduce variation and benefit all Ontarians.

Stronger links between population and public health and other health services (Proposal 4)

Enhanced integration of local population health and public health planning will provide a platform for joint action between public health, primary care and other sectors to improve health outcomes as well as create efficiencies. It is important that the distinct role of public health be maintained and be properly resourced.

Leverage the Champlain CHC Infrastructure

The MOHLTC and the Champlain LHIN have invested in the Champlain CHCs. The opportunity exists to continue to leverage that infrastructure to establish a stronger base of primary health care in the Champlain region.

Through the network of 10 organizations, CHCs currently offer primary health care services through 18 hubs and over 100 outreach sites in the Champlain region. Operating as hubs of service, CHCs work in partnership with health service providers, social service agencies and other organizations to respond to the diversity of many different communities (e.g., rural, urban, suburban), languages and cultures (francophones, indigenous, immigrants, refugees) and populations (e.g., the homeless or street involved; vulnerable seniors; people living on a low income; clients with mental health and addictions issues; lesbian, gay, bisexual and transgendered people). The services include, for example, mental health and addictions services, chronic disease prevention and management, child, youth and family services, seniors’ services, education and employment supports, housing supports and community development and health promotion. Services are available to clients of both CHCs and other primary care providers and there are many examples of effective shared care arrangements, particularly for clients of primary care providers without access to interprofessional teams. This strong infrastructure of primary health care hubs will be a tremendous asset to support the enhancement of the health care delivery system as described in the Ministry’s vision.

The Champlain CHCs are excited by the vision and keen to assume our role in helping to make it happen.

¹ A collective impact approach is an evidence based approach to collaborating across sectors and organizations to address deeply entrenched and complex social issues <http://www.collaborationforimpact.com/collective-impact/>