

Connecting for Care

November 2010 Edition

Welcome to the **Connecting for Care** newsletter - the informative link for all that's happening within the **Care Connections - Partnering for Healthy Communities** project.

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We would appreciate hearing from you as to the design of the improved newsletter. Please send us your comments using the '[Feedback Feature](#)' on the newsletter or by emailing northsimcoemuskoka@lhins.on.ca.

Thanks so much.

Susan French, Communication Coordinator
NSM LHIN

Care Connections - Partnering for Healthy Communities

Care Connections Launches Integrated Health System Design!

THE EVENT

On November 25, 2010, the Minister of Health and Long-Term Care Deb Matthews, joined over 350 people to celebrate the 20,000 person-hours of workshops and meetings that resulted in an Integrated Health System Design for the North Simcoe Muskoka (NSM) LHIN.

The audience included leaders from health care and community support partners of NSM LHIN, health care and community partners' board members, physicians, CEOs, CIOs, community leaders as well as representatives from the other LHINs.



"It's important for us to come together – especially in this time of change – to exchange ideas and think about the future of this great healthcare system of ours. Ontarians want improved access to high-quality health care and it's up to us to work together and learn from each other to ensure we can deliver. I want to congratulate the North Simcoe Muskoka LHIN on this important milestone." The Honourable Deb Matthews, Minister of Health and Long Term Care

NSM LHIN's Board Chair, Ruben Rosen, and CEO Bernie Blais, told their guests of their pride in having achieved this important milestone and congratulated the over 140 organizations that brought their voice, vision, leadership and their stories to the development of the plan.

"I feel particular pride in today's event, as it marks an important juncture for our LHIN's integration mandate", stated **Ruben Rosen**,

NSM LHIN Board Chair. “The team is bringing to the table a creative, solid and exciting system design, fully supported by our LHIN’s health service providers. Implementation will not be easy. It will mean change, challenges and opportunities. However, we’re delivering a product that will have a positive impact on residents for years to come.”



“I have been involved in many, many plans during my career and I can honestly say that none of those were this comprehensive, engaged so many people and brought out so much passion and excitement for the potential quality, access and service improvements that can actually be achieved,” **Bernie Blais, CEO, NSM LHIN** told the audience.



The **CEO of eHealth Ontario, Greg Reed**, brought his support for the plan and his endorsement of the role technology will play in improving the health system to the assembled guests, stating “**North Simcoe Muskoka LHIN has been a leader in local integration efforts which aligns well with eHealth Ontario’s vision of connecting the province, starting with areas of regional collaboration. This enables us to reach our goal of secure and comprehensive Electronic Health Records for all Ontarians.**”

President of the Ontario Medical Association, Dr. Mark MacLeod indicated he supported the role of the LHINs and that a system wide approach for programs was needed. He was pleased physicians were involved in developing the plan and looks forward to their ongoing involvement as the plan moves into implementation. “**The future and sustainability of health care in this province is a crucial issue and we welcome a thoughtful and thorough discussion with the government and other health care partners about improvements to the health care system. Ontario’s doctors know that when we work together, we can improve patients’ access to high quality, equitable health care that will also result in the best outcomes for patients,**” explained Dr. MacLeod.



An informative poster session provided the participants the opportunity to view the entire Care Connections project by reviewing posters and listening to the spokespeople explain the journey from initial planning to final design. Posters included: highlights of the work of over 378 health care professionals, tasked with developing the health system design and related technology initiatives; Health Human Resources; System Navigation; Leadership Councils; Aboriginal and French Language Health Services; and Governance.

The day included stories from individuals who have benefited from care and support they’ve received when accessing innovative programs in NSM LHIN. These programs take a ‘person first’ approach to the delivery of health services. The stories were powerful and heart warming, families finding support thanks to programs like First Link (Mary Perry White and Mair French), the Integrated Regional Falls Program (Marsha Coombs, Rosalyn Rodgers and Margaret Curley) and the Children’s Complex Care Navigation Program (Paediatrician, Dr. Michelle Gordon) . The nodding heads and attentive faces paid tribute to each speaker, acknowledging that in the future, any one of us may need the services they spoke about so passionately.

The impact for the families and the clients received compassionate attention from the audience. “Their courage and willingness to share their journeys and experiences today is appreciated – thank-you,” acknowledged Jill Tettmann, Senior Director Health System Performance, Measurement and Integration.

The concluding session for the day, facilitated by Ms. Tettmann, provided an opportunity

for the audience to ask questions of a panel of working group representatives.



“People within different sectors of the health care field are coming together to talk about how we can make it work better. How can we put the patient at the centre of the health care system? We know people who need to access the system have trouble navigating the different parts. What changes do we need to make it provide better care and value? It’s very exciting work. North Simcoe Muskoka is leading the province in bringing this work together within all health care settings and community organizations.” The Honourable Deb Matthews, Minister of Health and Long-Term Care



The day wrapped up with a celebration – cake and coffee and lively discussion among guests, peers and colleagues in the poster gallery.

THE PLAN

The Integrated Health System Design includes recommendations to realize a system-wide approach for health services delivery focused on the needs of the person. The plan identified the following areas of focus in the first three years:

1. Building on Existing Momentum

Recommendations include:

- Orthopaedics, which has an opportunity to advance the LHIN-wide management of bone/joint care
- Redistribution of Schedule 1 mental health and addictions beds from Mental Health Centre Penetanguishene to 3 sites – 2 existing and one new site
- Implementation of the LHIN-wide Critical Care model and Complex Continuing Care recommendations
- Advancing LHIN-wide model for Chronic Disease Prevention and Management by supporting initiatives with a diabetes focus
- Implementing the Behavioural Support Service model to better care for this specialized population

2. Areas of Significant Need

Recommendations include:

- Building child and adolescent mental health capacity in the NSM LHIN
- Building in-home and community capacity to support people to live at home as long as possible
- Enhancing crisis management and community resources for mental health and addictions
- Initiatives for making system-wide progress.

3. Initiatives for Making System-Wide Progress

Recommendations under:

- Implementing an ICT/eHealth enabling infrastructure to bring all sectors to a baseline of connectivity and technological advancement
- Developing a workforce planning strategy and process that includes a comprehensive data collection and review process to inform detailed system-wide HHR data and LHIN-wide recruitment and retention plan that considers pending program expansions and future HHR needs
- Expanding non-urgent transportation systems across the NSM LHIN

NEXT STEPS

Community engagement will continue to inform North Simcoe Muskoka residents about the recommendations of the Care Connections project and seek input into the proposed health system design.

The Care Connections design and implementation plan will be submitted to the LHIN Board for approval in February/March 2011 timeframe.

Everyone Benefits at Muskoka Seniors!

When the North Simcoe Muskoka Local Health Integration Network began the 'Stories You Share' initiative associated with the **Care Connections – Partnering for Healthy Communities** project, we asked the residents of our LHIN to tell us their health care experiences – good or bad – or let us know their suggestion / idea on how to build a more integrated health system.



We recently received this poem from a woman who lives in Huntsville and participates in the programs offered through Muskoka Seniors, a community support services provider who receives funding through the LHIN's Aging at Home Strategy:

Thanks!

I'm a senior now, but stay at home
Even though I'm all alone
Muskoka Seniors give me hope
And thanks to them I daily cope.

Do you find it hard to add?
Does mathematics make you mad?
Well help is there, just don't be lax
They'll lend a hand with income tax.

I can still drive, but when I don't
I'll be able to get about.
There are the drivers, what a service
When they are there I'm not so nervous.

I'm grateful for the peace of mind
For people who are very kind.
Thanks Muskoka Volunteers
For help you give, I say three cheers.

The Tuesday luncheon is a treat
For seven bucks we've lots to eat
And have a chance to meet my friends,
The happy chatter never ends.
If you can't make it to the meal
There's frozen dinners – what a deal!

Definitely good experiences. Congratulations to the staff and volunteers at Muskoka Seniors in Huntsville!

The Ever-Rising Costs of Health Care

By Ken Black

Editorial comment on the challenges of the ever-rising costs of health care and how best to resolve them are not limited to Muskoka.

Here in Yukon's capital Whitehorse, the front pages of both local weekend newspapers carried stories about the local hospital board doubling members' honoraria for each board meeting they attend from \$200 to \$400. The board chair annual compensation package went from \$34,800 to \$36,000.

Important as those issues may be on the local scene, they pale by comparison with the more serious issue of the rising costs of health care across Canada and in just about every country in the world.

In June, the Canadian Medical Association (CMA) released a report calling for a national debate about transforming the health care system, and for the federal and provincial governments to start talking about the funding agreements that will expire in 2014.

Later that month, the Organization for Economic Development and Cooperation (OECD) issued a report indicating that in all OECD countries total spending on health care is rising faster than economic growth, pushing the average ratio of health spending to gross domestic product (GDP) from 7.8 per cent in 2000 to 9 per cent in 2008.

In most countries the recent economic downturn, with GDP falling and health care costs rising, led to a sharp increase in the ratio of health spending to GDP.

In Ireland, the percentage of GDP devoted to health increased from 7.5 per cent in 2007 to 8.7 per cent in 2008. In Spain, it rose from 8.4 per cent to 9 per cent. In Canada the ratio was 10.4 per cent, while in the United States it rose to 11.2 per cent.

Last weekend (September 1, 2010), national news media carried reports of a statement by federal Liberal leader Michael Ignatieff saying Canadians would rather see their tax dollars spent on health care than 'prisons and airplanes'.

Whether or not one agrees with Ignatieff that his party is the one to improve the health care system, he is right on in drawing attention to the very significant financial problems continuing to plague Canada's health care system.

How big are those problems? In a word, huge. Why are health care costs rising so dramatically in just about every developed country around the globe? With all due respect to recent journalistic comment, it is not due to issues such as honoraria for hospital board members or cafeteria services for hospital staff and visitors.

Nor will debate with candidates in local municipal elections make a difference. Municipal councilors have neither the mandate nor the resources to resolve the underlying problems in health care, which is a joint federal / provincial responsibility in Canada.

The OECD report makes abundantly clear that three primary factors are driving rising health spending currently: technological change, patient expectations and the aging population. Even more frightening, the same factors will continue to drive costs higher in the future.

New medical technologies are improving diagnosis and treatment, but they also dramatically increase costs. The OECD report shows there has been rapid growth in the supply and use of computed tomography (CT) scanners and magnetic resonance imaging (MRI) units for diagnostic purposes. MRI units per capita more than doubled on average across OECD countries between 2000 and 2008.

In addition to the ever-increasing costs of new technology in diagnosis and treatment are the costs of researching, developing and making available new drugs. Their combined impact is the single biggest drive of increasing health care costs.

Higher patient expectations are a second major contributor to rising costs. As health care consumers, we abuse our bodies through lifestyle choices – over-eating, smoking, substance abuse, lack of exercise and avoidable obesity – and then expect the health care system to cure our ills promptly and close to home.

Meanwhile, governments continue to put the bulk of health spending into the treatment of illness, while underfunding healthy living programs with their potential to reduce long-term costs.

Add to that imbalance, the costs of increased hip and knee replacements, and treatment for cancer and cardiac problems, as well as assorted other ailments in an aging population, and the causes of higher health care costs are clear.

As recommended by the CMA, there is an urgent need for a dialogue among medical professionals and administrators, federal and provincial politicians, and health care consumers about the choices necessary to sustain the system.

Only three alternatives exist: curb the growth of public spending on health; cut spending in other areas and put more tax dollars into health care, as suggested by Michael Ignatieff; or raise taxes.

Ken Black was the inaugural Board Chair for Muskoka Algonquin Healthcare from 2005 to 2008. He is a resident of Bracebridge but currently spending time in Whitehorse, Yukon Territory. This article was originally published in the Weekender paper on September 10, 2010.

Dr. Deb Harrold Wins Muskoka "Women of Distinction" Award

Dr. Deb Harrold is the 2010 recipient of the **Health, Sports and Wellness Award** - "This woman directs her energies to the well-being of people in her life and/or the Muskoka community. She promotes healthy lifestyles through her excellent leadership in fields relating to physical, spiritual, emotional and/or social well-being."

Dr. Deb Harrold, a Huntsville family physician and active volunteer, was nominated for her instrumental role in establishing and moving forward with a residential hospice in Huntsville. Dr. Harrold has been a driving force behind the Algonquin Family Health Team, with a vision for palliative care within that structure.



Dr. Harrold has served on the board of Hospice Huntsville since 2004, currently as its President. She is passionate about quality end-of-life care and has been a prominent advocate for the construction of a 5-bed residential hospice in Huntsville. She also serves as the co-chair of the residential hospice capital campaign committee.

"I was honoured and amazed so many women are doing such wonderful work in our community. I think it's wonderful YWCA does this for women in our community, recognizing the contributions that people are making in all spheres."

Dr. Harrold, through her involvement, has put palliative care on the map. She directs her energy to the well-being of the people of Muskoka and provides exceptional leadership as it pertains to a holistic model of palliative care.

Since 2001, Muskoka YWCA has annually presented their "Women of Distinction" award to local women who are an inspiration to others, make a commitment to their communities as leaders and act as role-models. They are catalysts for change, break new ground and old barriers, show vision, creativity and initiative and have improved the lives of those in Muskoka.

Photo courtesy of Kelly Hollinshead, Huntsville

NSM LHIN Welcomes Two New Staff!

Sue Colwell, Administrative Assistant

Sue has joined the LHIN team as an Administrative Assistant. Sue was the Executive Assistant at the Barrie & Community Family Health Team for the past 3 years supporting the Executive Director, Medical Director and Board of Directors. She is currently enrolled in the Qualified Administrative Assistant program through her membership with the Association of Administrative Assistants. Sue also volunteers for the Barrie & District Christmas Cheer program.

Sue has 2 beautiful children, a 4 year old "puppy" and a wonderful husband who all bring balance and fun to life! Sue enjoys reading, scrapbooking (when there's time!), camping and spending time with family and friends.

Welcome Sue!

Peter Istvan, Senior Planner

Peter has joined the LHIN, on contract, as the Senior Planner / Geography Lead for Barrie & Area.

Following the completion of a PhD in Neurophysiology at Queen's University, Peter worked with Eli Lilly, a global pharmaceutical company, in Toronto. He was a primary liaison between the company and the healthcare division of the Canadian government.

In 2000, Peter moved to the US to work with Sentient Medical Systems (SMS), the largest entrepreneurial healthcare company in the States, that provides intraoperative and diagnostic services. While there, Peter completed his MBA at the University of North Carolina.

In 2004, Peter was appointed the Director of Corporate Services at the West Parry Sound Health Centre in Parry Sound, having responsibility for Ambulance and related Emergency Medical Services, Nursing Stations (staffed



by Nurse Practitioners), Rehabilitation, Strategic Planning, Leadership Development, Accreditation, and a number of other internal programs. Critical to his role at WPSHC was communication and building relationships with the Ministry of Health and Long Term Care, the Physician Family Health Teams, First Nations Community, the LHIN, branches of the provincial/federal government, local municipalities, health agencies, community partners, and the Board of Trustees.

Peter is currently working with the Northern Ontario School of Medicine and has roles with both the University of Athabasca and Georgian College.

Welcome Peter!

