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Response to Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario

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Introduction

OPHA applauds Ontario's Minister for Health and Long-term Care for championing a new vision to transform health care in Ontario. Strengthening population and public health, addressing the social determinants of health and promoting health equity are compelling goals. However, they will remain elusive without widespread adoption of an understanding of the factors effecting health and the strategies needed to effect change. Consequently, OPHA urges the Minister to lead a shift in thinking across the health system, one that gives greater priority to:

- prevention and health promotion;
- cross-sectoral strategies that improve population health and reduce health disparities; and
- a whole of government approach through health in all policies legislation and using health equity assessment tools.

While integrating public health and population health approaches across health systems and providers can be powerful strategies to improve health, this potential will not be fully realized without putting the needed policies, structures and programs in place. With most health care providers having a different focus than public health, that of care, treatment and secondary prevention, shifting to a more upstream approach (i.e. one that addresses people's access to the social determinants of health) remains challenging. The experiences of many other provinces in integrating public health with health care have shown that public health efforts and resources can be diminished when these plans fall prey to "the tyranny of the acute".

We recognize the urgency and complexity involved in transforming primary, community and home care. However, without a system that has as its foundation a commitment to tackling the root causes of poor health and embracing multi-sectoral approaches, it will be challenging to achieve significant health improvements and health care savings over the long term. Consequently, we recommend the following:

1. *Create a system for health based on provincial health goals and population health and equity outcomes and adopt health in all policies legislation.*
2. *Support the reorientation of health services to a more preventative focus by recognizing the importance of addressing the determinants of health, especially poverty, and the need to collaborate with partners beyond health care to improve health and wellbeing.*
3. *Introduce a Memorandum of Understanding outlining the roles and responsibilities between LHIN CEOs and Medical Officers of Health.*
4. *Broaden the membership of LHIN Boards to include representatives from Boards of Health.*
5. *Continue the direct funding relationship between MOHLTC and public health units and maintain their independent governance by boards of health.*

We have described below the rationale for each of these recommendations and flagged some key issues that would need to be addressed to support their successful implementation. Answers to the questions posed in the discussion paper are also included.

Create a System for Health

Recommendation:

Create a System for Health based on provincial health goals, population health and equity outcomes and adopt Health in all Policies legislation.

Rationale:

Since the Lalonde Report in 1974, many international and Canadian experts have called for a health system that has at its foundation a recognition that:

- over 50% of health is influenced by factors outside the health system, by the determinants of health;
- upstream approaches are needed to tackle the root causes of poor health;
- more emphasis is needed on prevention, health promotion and protection; and
- everyone has an equal right to achieve their potential for maximum health but issues of discrimination, exclusion and prejudice have perpetuated health disparities.

In a recent forum on health care sustainability, Dr. David Naylor noted that while it has been over forty years since the Lalonde report was released and despite similar reports by other expert groups over the years, these recommendations have had limited traction. Patients First' presents an opportunity to bring about fundamental change, improve population health and act upon these concepts.

Strong ministerial and central agency advocacy is required to ensure government decision making takes into account how the actions of social services, justice, housing , education, environment and many other sectors will effect health. By adopting health in all policies legislation and using health equity impact assessment tools, the ministry can ensure a whole of government approach to promoting health and wellbeing and create a system for health vs. a health care system.

Having clear health goals, outcomes and measures that include an assessment of polices and the causes of health disparities will help align efforts across the health continuum and beyond.

Recommendation:

Support the reorientation of health services to a more preventative focus by recognizing the importance of addressing the determinants of health, especially poverty, to improve health and the need to collaborate with partners beyond health care.

Rationale:

Health care services can support prevention

- In 1986, the Ottawa Charter for Health Promotion, created by international experts in health promotion, identified as one of its key strategies for improving health the need to reorient and expand health services beyond curative and clinical services to include health promotion.
- The Charter called on individuals, community groups, health professionals, health service institutions and governments to "work together towards a health care system which contributes to the pursuit of health by supporting the needs of individuals and communities for a healthier life, and opening channels between the health sector and broader social, political, economic and physical environmental components".
- The Charter also noted the importance of giving stronger attention to health research as well as changes in professional education and training to focus on the total needs of the individual as a whole person.

Collaboration with non-health care partners can improve health

- To increase equitable access to health services for marginalized and underserved groups and individuals, LHINs will need to look outside the health system and assess how factors such as poverty, language, gender and race perpetuate heath inequities and partner with non-health partners (e.g. the social services, the voluntary sector, municipal and education sectors) to address them.
- Some LHINs have created broad planning tables that bring together a range of sectors to discuss ways to build healthy communities and improve health outcomes. These models need to be replicated elsewhere in Ontario.

Community Health Centres and some family health teams are modelling the way

- Community health centres provide an effective model for providing primary care and addressing health disparities; their work is guided by concepts of health equity, anti-oppression and the social determinants of health, prevention and health promotion. New centres should be added in high need areas as new resources become available. There are also some models among family health teams that could be replicated where health promoters and social workers ensure that the pre-requisites for health (such as income, housing) are considered in conjunction with treatment initiatives.

Response to Proposed Changes Effecting Public Health

Integration of Public Health with Other Health Services

The Discussion Paper calls for the integration of local population and public health planning with other health services, formalizing linkages between LHINs and public health units, creating a formal relationship between the Medical Officers of Health and each LHIN and empowering the Medical Officers of Health to work with LHIN leadership to plan population health services.

Recommendation:

Introduce a Memorandum of Understanding outlining the roles and responsibilities between LHIN CEO's and Medical Officers of Health

Rationale:

- A memorandum of understanding can provide both a symbolic and practical way to formalize relationships between the Medical Officers of Health and LHIN CEOs and solidify the recognition that public health is a critical asset and an essential resource to the health system.
- The MOU can spell out the expected roles and responsibilities in collaborating on population health planning and reducing health disparities.
- With most public health units adjusting to a new funding formula, public health staff are concerned about the impact of these new planning requirements.
- To supplement LHIN capacity, health planners from other parts of the health system could also be engaged along with Public Health Ontario.
- The misalignment of LHIN and PHU boundaries represents a serious impediment to effective collaboration and needs to be addressed. An alignment with municipalities would facilitate population level planning.
- LHINs can play a pivotal in shifting how people view health and the factors that influence it. They can adopt a broad definition of performance and develop new measures for assessing progress against health goals, outcomes and health disparities.

Recommendation:

Broaden the membership of LHIN Boards to include representatives from Boards of Health

Rationale:

- Given the variation in the backgrounds of LHIN board members, having representatives from Boards of Health will strengthen understanding of public health and ensure public health concepts are integrated into decision making.

LHIN Management of Public Health Funding

The Discussion Paper calls for the transfer of dedicated provincial funding for public health units to the LHINs, ensuring that all transferred funds would be used for public health purposes, having LHINs assume responsibility for the accountability agreements with public health units and local boards of health continuing to set budgets. The respective boards of health, as well as land ambulance services, would continue to be managed at the municipal level

Recommendation:

Continue the direct funding relationship between MOHLTC and public health units and maintain their independent governance by boards of health

Rationale:

- Given the increasing pressures for treatment and care services, it will be critical that resources for public health are dedicated and protected. A study done by OPHA some years ago looking at regionalization and integration of public health in other parts of Canada, noted that:
    - over time, public health resources were shifted as a greater emphasis was placed on the clinical services offered by public health; the support for health promotion, promoting healthy public policy and addressing social determinants of health diminished;
    - the lack of a MOH voice at the most senior levels of decision making reduced the benefits of public health's integration and over time diminished the resources allocated to public health due to the increase demands for acute care.
- In addition, with increased responsibilities being given to LHINs for the delivery of home and community care and the urgency of addressing the complex challenges being faced by that sector, it would be unwise to layer yet more changes on an a entity whose role is still evolving.

Maintaining the independent governance by boards of health

- MOHs are well placed to not only protect the public from infectious diseases but also provide leadership on a wide range of health promotion issues (e.g. chronic disease and prevention of injury and substance misuse, child and family health, oral health). MOHs are able to garner public and media attention, increase public understanding about health and the factors that contribute to individual and community health and mobilize cross sectoral collaboration. A few examples of where this has been effectively done include:
    - "Improving Health By Design" in urban planning (Peel Public Health)
    - Flagging the issues created by the widening income gap as described in an "The Unequal City 2015" (Toronto Public Health)

  - Promoting "Let's start a conversation about health and not talk about health care" to develop public understanding about the determinants of health (Sudbury and District Health Unit)
  - Creating the Mayor's Community Leaders Cabinet to build a healthy community (Chatham Kent)
- Separating funding and accountability could hamper MOHs ability to act independently and, over time, diminish the commitment from municipalities.

Responses to Ministry Questions Posed:

How can public health be better integrated with the rest of the health system?

Public health leaders can help Increase awareness among their health care colleagues about the breadth of programs provided by public health, and the process for evidence-informed decision making that directs public health planning and programming. As different health disciplines and agencies bring varying levels of understanding and approaches to terms such as population health, health equity, determinates of health and public health approaches, public health can help develop shared definitions in order to create a common vision of the outcomes being sought.

While Patients First describes public health as being disconnected from other parts of the health system, there are many examples of formal and informal partnerships between public health and other health care organizations to plan and/or deliver health services. For example, arrangements exist with various hospitals, community health centres, family health teams and LHINs and cover areas ranging from maternal and child health, injury prevention, health planning, data sharing, infection control, communicable disease control to dental and oral health.

These models can be replicated elsewhere, for example, on issues such as preconception health, labour and birth and breastfeeding and chronic diseases prevention and management. A more detailed discussion of these opportunities is outlined in Appendix A. In addition, OPHA has started to document these examples as we believe they offer a good starting point on which to build and will be featuring our completed report at TOPHC 2016.

As mentioned, the misalignment of LHIN and PHU boundaries though has created barriers to the coordination of efforts. Restructuring LHINs' areas of jurisdiction to reflect municipal boundaries would facilitate LHIN and public health collaboration and the coordination of public health and population health approaches across systems and providers.

What connections does public health in your community already have?

Public Health has a strong track record of linking and connecting different sectors within their communities to find common ground. Public health units work with a wide range of community partners to influence the determinants of health and address various health risk factors, for example, by working with housing, land-use planning, and environmental sectors on healthy public policy (e.g. built and natural environment). These community connections can be valuable for bringing a broader perspective and leveraging more resources and expertise to tackle health issues; public health can use these connections to help widen representation at health planning tables.

What additional connections would be valuable?

In addition to the areas outlined in Appendix A, it would be valuable for public health to strengthen its ties with:

- community health care supports such as CCAC , as these agencies work with similar clients as public health (e.g. on housing issues); and
- primary care professionals to ensure that health promotion messages are communicated consistently and clearly (e.g. health risk factors such as air quality, extreme heat, built environment).
- health care providers to understand the implications of data, make useful connections between diverse types of data and validate diverse forms of evidence that speak to the importance of prevention, policies and supportive environments.

What should the role of the Medical Officers of Health be in informing or influencing decisions across the health care system?

Given public health's expertise, MOH's are well placed to:

- share the collection and dissemination of local evidence and broader scientific research on health risk factors in order to direct programming and funding for health promotion and disease prevention;
- work with the province and LHINS to ensure that public health program standards reflect local needs and that performance targets are SMART; and
- advocate for the collection and access to local and provincial data on health risk factors that impact health outcomes (e.g. environmental factors, built environment, etc.).

As mentioned earlier, the MOHs in Ontario are looked to in their communities as an important voice in speaking out to protect the health of those that are most vulnerable and offer advice on policy changes that can improve community health and wellbeing. With a shift to a health system focussed on helping people reach their full health potential, MOHs can offer independent comments about how other aspects of the health system can contribute towards that goal. By being appointed by the Minister of

Health, they are uniquely placed to be an independence voice on upstream approaches that can improve health and wellbeing.

How can clinicians and health care providers be supported in leadership roles in continued system evolution

Support professional development activities that bring together leaders and providers to promote a broader understanding and vision of health, health equity and the importance of the determinants of health and promote the inclusion of these concepts in academic curriculum across disciplines.

What can be done to ensure a smooth transition from the current system to the one proposed in this proposal?

Like any new initiative where transformation is being sought, change and transition strategies are needed to support their successful achievement along with strong and committed leadership. A phased change management strategy would be helpful to get key players working together to develop an implementation plan and identify and resolve any local implementation issues.

By engaging health professionals and patients in understanding the vision and helping shape its implementation, a commitment to its achievement will be strengthened. Regardless of the health agency, staff will be looking to their leaders to better understand what is changing and why, articulate the values and demonstrate the behaviours expected; leaders will need to create the conditions that allow health professionals to feel more empowered to collaborate and innovate in order to achieve the desired results.

Ontario can benefit from the lessons learned from other jurisdictions that have introduced integration and other health system changes in order to optimize the population health gains.

Conclusion

Some colleagues south of the border have observed that the easy work of public health is done - sanitation, vaccination, response to epidemics and that "the health problems of the 21st century, climate change, increasing chronic illnesses, the challenges of health aging are more complex" and confounding. They have concluded that, "these problems require solutions at the interstices of social, political, cultural and economic domain [and] public health's role shifts …to being a coordinator and motivator of various and unusual partners in sectors not directly responsible for health."

In addition, we are confronting issues of growing economic disparities, precarious employment, racism, and other forms of discrimination which limit our ability to improve health. Many public health and

other health care leaders are already building these new and "unusual" partnerships as well as engaging with local media, political leaders, academia and business. They recognize that health improvements require tackling public policy, social structures and norms – new solutions to wicked problems.

While there have been various barriers to collaboration across systems and providers, OPHA is encouraged by the models that are emerging. OPHA welcomes the opportunity to work with others and believes bold actions are needed to support people and communities in having equal access to opportunities to reach their full health potential.

Appendix A: Examples of Opportunities for Greater Integration

Maternal and Child Health

Labour & Birth:

- Public health nurse prenatal educators could work more closely with labour and birth nurses in hospitals to ensure broader support for women during birth

Preconception Health:

- Establish an interdisciplinary preconception health coordinating body to develop a framework for consistent care across the health continuum which considers SODH issues and a referral system to access necessary supports (i.e. housing, food security, income)

Baby-Friendly Initiative (BFI):

- Integrate BFI into the planning process of the Local Health Integration Networks (LHINs)
- reinforce the importance of collaboration across the health care system, encourage dialogue in interdisciplinary teams, promote evidence based practice and reinforce the importance of consistent messaging and a smooth transition for all families regardless of their feeding choice through the prenatal, delivery and postpartum stages

Chronic Disease and Management Framework

- Actively adopt and implement this framework created by MOHLTC in 2007 and learn from models like the one used in the Champlain LHIN

Examples of Inter-professional, Inter-sectoral Collaboration in Ontario for Reproductive and Maternal-Child Health:

- Public Health Nurse Prenatal Educators supporting Labour and Birth nurses in skill-building around supportive care measures for physiological birth
- BF clinic partnerships between public health, primary care/hospitals, and other community services in communities across Ontario
- Collaboration between public health, primary care, and non-health sector community-based prenatal programming, particularly those targeting socially high risk clients (e.g., Canada Prenatal Nutrition Program - CPNP)
- Prenatal services for high-risk marginalized women, such as homeless women in Toronto, a partnerships with public health, community health, non-health sector and primary care (e.g., Homeless At Risk Prenatal Program in Toronto, Nurse Family Partnership Program in Hamilton)

- Perinatal Mood Disorder (PMD) programming in many communities in Ontario, run through strong partnership between public health, community health services and clinical care. Provides holistic support to high-risk postpartum families
- Centre for Effective Practice's Preconception Health tool has potential to bring clinical and public health services together but still need to figure out process and have clearer roadmap for PCH in Ontario
- Resources created by Best Start Resource Centre done through collaborative, multi-disciplinary work