

APPENDIX

Highlights of Issues and Recommended Actions

The following table highlights the main issues and recommended actions that are presented in the body of this report. The same framework is used: the critical elements of integrated care.

MAIN ISSUES	RECOMMENDED ACTIONS
Provision of Care	
<p>Investments in primary care in Ontario are starting to pay off, but there is a risk of losing momentum for change and failing to maximize the return on investment because primary care is not integrated with the rest of the health system.</p>	<p>Develop a strategy for integrating primary care with the rest of the health system. The strategy needs to support integrated planning, resource allocation and improvement. We need a transformational re-think and re-design of how services are provided, so that individuals and families can be supported in their homes and communities.</p>
<p>The achievement of substantive goals for primary care will depend, in large part, on the extent to which practitioners and organizations embrace a patient-centred culture, interprofessional care, leading-edge QI methods and tools, and performance measurement systems.</p>	<p>Ensure that professional education and training programs promote patient-centred care, patient engagement and interprofessional collaborative practice. A culture change is required so that all healthcare practitioners consider issues of service, communication and other non-technical aspects of the patient experience in the health system.</p>
Governance and Relationships	
<p>There is a disjunction between formal and de facto authority in Ontario's devolved model. The Ministry/government appears to have low tolerance for discontent and conflict regarding proposals for substantive change. Successful models of provincial networks and regionalized care systems already exist.</p>	<p>Implement effective governance models for integrated care across all sectors—including primary care. Establish clear lines of authority and accountability for regional bodies and the Ministry, and strong central leadership for program and service areas that require system-wide planning, authority and accountability. Take cues from provincial networks and regionalized care systems that are already operating successfully.</p>

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<p>Ontario's regional model is characterized by devolution from the province without structural centralization at the local level. Leaving local boards in place has created a governance and management challenge for system-level change.</p>	<p>Articulate system-level strategic priorities and goals in a clear provincial plan. Undertake collaborative planning between regional bodies and healthcare provider organizations to meet these priorities and goals. Pursue further consolidation of community agencies, with more sophisticated management structures. Establish effective engagement mechanisms.</p>
<h3>Funding</h3>	
<p>Ontario has a variety of allocation models to fund healthcare providers, e.g., hospital global budgets, OHIP payments, per diem rates for long-term care. Our current provider-focused funding models are the legacy of historical developments and not part of a well thought-out system design. How we fund organizations and pay providers influences activity and behaviour.</p>	<p>Launch a major cooperative effort to examine funding systems in the context of reaffirmed system goals and whole system design. Create a Payment and Funding Commission with a strong high-profile mandate to improve funding models across the healthcare system, i.e., funding and payment models that incent integrated, coordinated, comprehensive and high quality care across the continuum of care.</p>
<p>High performing health systems are less reliant on FFS funding models, using more population-based funding and blended payment models. Surveys indicate that most physicians favour alternative payment plans or blended models.</p>	<p>Increase the number of physicians compensated through alternative payment plans and blended payment approaches. The purpose of payment reform must be to align incentives with system goals. The Ministry could use upcoming negotiations with the OMA to push for such alignment.</p>
<h3>Performance Management</h3>	
<p>To date, health system performance information from an integrated system perspective has been lacking in Ontario. It remains to be seen whether the expanded mandate given to HQO under the ECFAA will change this.</p>	<p>Develop a system-wide performance framework including performance management in primary care. The framework should include standardized methodologies and common reporting on a set of performance dimensions and quality-monitoring processes. The performance dimensions must include the quality of cross-organization and cross-sector transitions. Performance metrics must be integrated vertically and horizontally.</p>

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<p>Patient surveys are routinely undertaken in hospitals and by CCACs, but there is room for improvement to truly understand the patient experience. There are limited mechanisms for getting feedback on people's experience in primary care; and the quality of service and experience during cross-organization and cross-sector transitions is hard to address because current performance measures are at the individual organization level.</p>	<p>Develop performance indicators with more sophisticated measurement of the patient experience. Make patient/caregiver experience an integral part of performance reporting, within the requirements of the ECFAA. Public experience surveys need to be continually refined, with a focus on those at greatest risk for inconvenience and/or substandard service. This data could be built into performance monitoring on a regional planning basis.</p>
<p>Information Management</p>	
<p>Ontario still needs to make significant progress in increasing the number of family physicians who have an EMR system, and in implementing an EHR system that will allow records to be shared across organizations and providers.</p>	<p>Ensure that future eHealth planning incorporates patient and caregiver engagement, and expand the role of regional bodies in eHealth planning and implementation.</p>
<p>The capacity of regional bodies to obtain and analyze information and produce decision-support materials is underdeveloped in Ontario. This is problematic because high quality, comprehensive, real-time information is an essential ingredient of successful governance and is necessary in the development of consensus-building credibility among various interests in the healthcare system.</p>	<p>Enhance regional bodies' capacity to acquire and use information to make evidence-based decisions, communicate with the public, purchase services on the basis of sound evidence, and monitor quality, efficiency and fairness.</p>