

# Improving Health Care Now: Striving for Excellence in the Future

**Ontario Community Paramedicine Forum**

Thursday March 28, 2019

**Dr. Rueben Devlin**

Special Advisor, Chair

Premier's Council on Improving Healthcare and Ending Hallway  
Medicine



# Mandate

- The Premier's Council on Improving Healthcare and Ending Hallway Medicine was convened on October 3, 2018 for a three year term ending June 28, 2021.
- Premier's Council to act as an experienced and knowledgeable body to identify for Premier of Ontario and the Minister of Health and Long-Term Care strategic priorities and actions that will lead to:
  - ✓ *improved health and wellness outcomes for Ontarians*
  - ✓ *high patient satisfaction*
  - ✓ *more efficient use of government investment*
  - ✓ using an effective delivery structure

# Key Objectives

- One of the Council's key objectives is to develop a vision reflecting the “**Quadruple Aim**” – *enhanced patient experience, improved population health, reduced costs and improved work life of health care providers* linked to a well-defined set of initial strategic priorities in the areas of:
  - *long-term care*
  - *mental health and addictions*
  - *home and community care*
  - *digital health and innovation*
  - *hospital care*
  - *primary care*

# Health System Capacity Challenges

Capacity challenges and unsustainable hospital occupancy levels contributing to the use of unconventional spaces such as hallways, gyms and auditoriums for patient care.

Only 35 % of patients admitted to hospital were admitted to an inpatient bed from the emergency department within the 8 hour target.

Growing Alternate Level of Care (ALC) rates in recent years.

- The ALC rate in March 2018 was 15%, an increase of 0.6% compared to March 2017.
- As of March 2018 there were 4,256 patients designated ALC, a 3% increase in ALC volumes compared to March 2017

# Council Reports

- The Council will be releasing a **series of reports** over its three year mandate.
- Its first interim report: [Hallway Health Care: A System Under Strain](#), was released on January 31, 2019.
- The report provides an overview of what hallway health care looks like in Ontario, and includes **patient experience stories** to help highlight some of the key challenges across the health care system.
- The report defines hallway health care, and positions the issue as a **system-wide challenge**.
- The report **does not include recommendations**, but does identify some **emerging themes** that will help inform advice included in the second report, which will be released later in 2019.



## Hallway Health Care: A System Under Strain

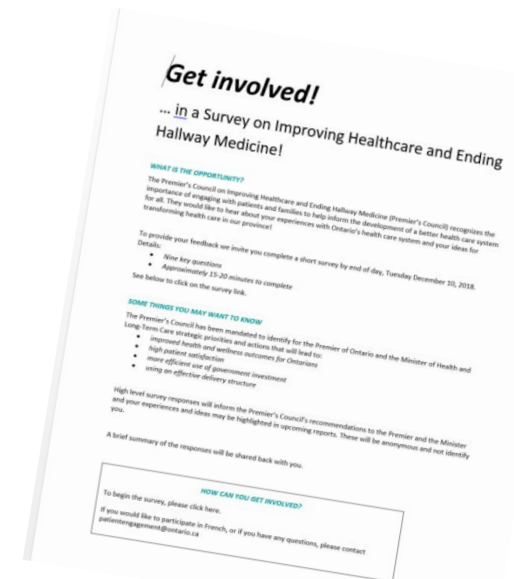
1<sup>st</sup> Interim Report from the Premier's Council on Improving  
Healthcare and Ending Hallway Medicine

January 2019



# Patient Experiences & Insights

- Patient insights are an integral part of the report; with perspectives gathered through the survey of **Virtual Pool Patient Advisors**, insights and conversations with the **Minister's Patient and Family Advisory Council** and other partners.
- A survey to explore **patient experiences** with the health care system, focusing on hallway healthcare and related challenges and their **ideas to improve the healthcare system** in the future was conducted through the Ministry of Health and Long-Term Care's Virtual Pool of patient advisors in December 2018.
- A total of **337 responses** were received via SurveyMonkey.



# Key Findings

- There are three key findings in the report:

1. People are having a hard time navigating the health care system and are waiting too long for care, and waiting too long for services which is bad for patient, provider and care-giver well-being.

2. The system is facing short and long-term capacity pressures and isn't ready with the right mix of beds, services, or use of digital tools.

3. There could be better coordination at both the system level, and point-of-care, which could help Ontario achieve better value for money spent throughout the system.

# Responsibility and Accountability in Health Care

*Stronger lines of accountability will strengthen the health care system and help to solve hallway medicine.*

- Ontario's health care system is **decentralized, large, siloed**, with at times **blurred lines of responsibility and accountability**.
- 21 health-related agencies supporting the design and delivery of health care in Ontario are **not always well aligned**; with **limited strategic oversight** to ensure efficient and coordinated use of resources.
- **Majority of \$54.6B** in provincial health care expenditure is allocated to **transfer payment recipients**.
- Duplication in processes and procedures slows down access to health care services. E.g. approx. 11% of time spent on care coordination is used to conduct assessments and reassessments for home and community care services.



# Emerging Themes

*Four themes have emerged through initial Council discussions, which will guide the development of future recommendations:*

- 1. A pressing need to **integrate care around the patient and across providers** in a way that makes sense in **each of our communities** across the province, and **improves health outcomes** for Ontarians.*
- 2. Growing demand and opportunity to **innovate in care delivery**, particularly in the use of virtual care, apps, and ensuring **patients can access their own health data**.*
- 3. The potential for greater efficiency in how we **streamline and align system goals** to **support high quality care**.*
- 4. The **critical role for a long-term plan** so that we have **right mix of professionals, services, and beds** to meet our **changing health care needs**.*



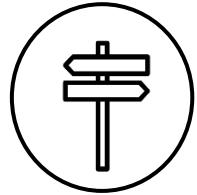
# A Vision for a Coordinated System

*Ontario's new health care plan will improve services and patient experience by:*

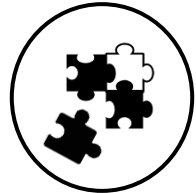
**Organizing health care providers to work as one coordinated team**, focused on patients and specific local needs. **Patients would experience even transitions** from one health provider to another (for example, between hospitals and home care providers, with **one patient story, one patient record** and **one care plan**).



Providing patients, families and caregivers **help in navigating the public health care system, 24/7**.



**Integrating multiple provincial agencies** and specialized provincial programs into a **single agency** to provide a **central point for performance measurement and quality improvement** for the health care system. This will improve clinical guidance, support for providers and better quality care for patients.

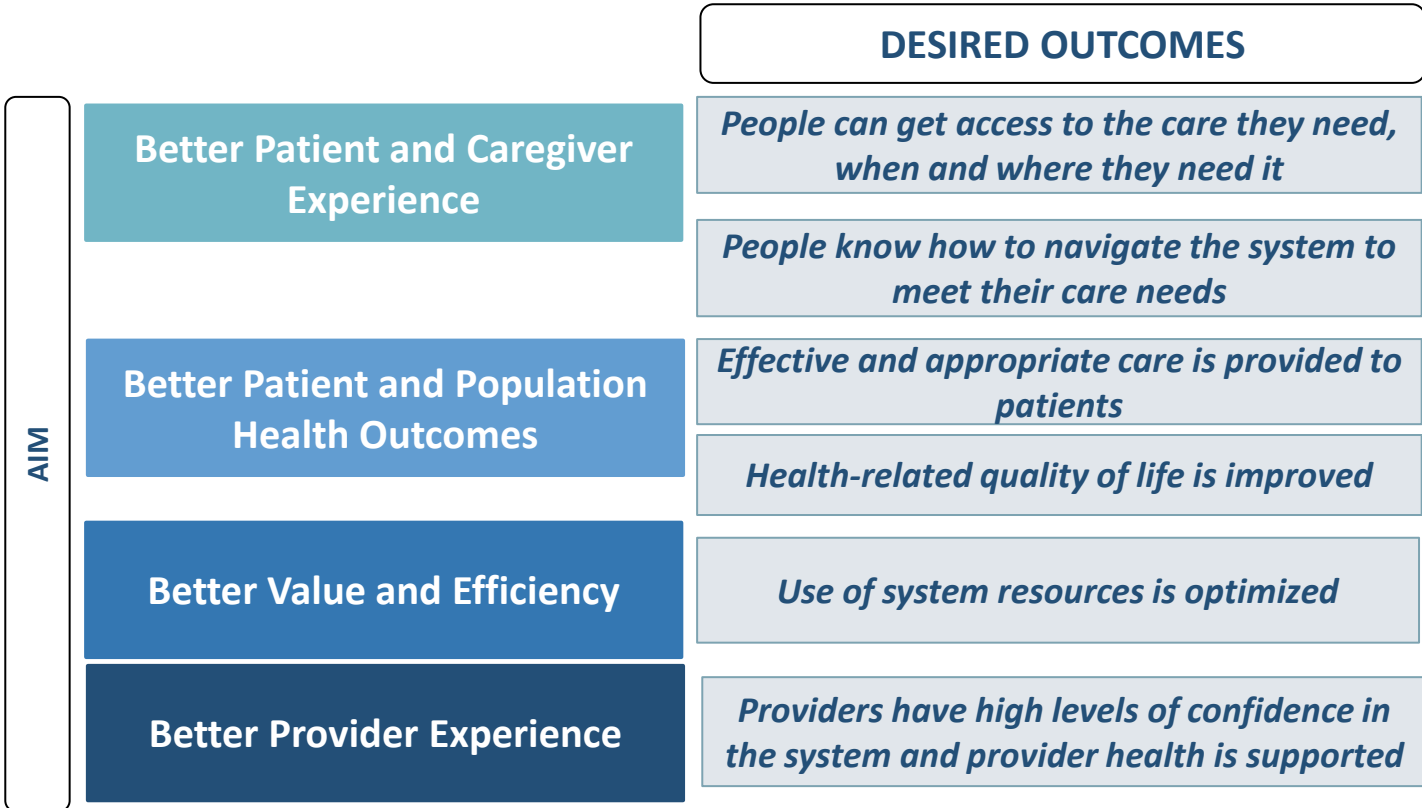


**Improving access to secure digital tools**, including online health records and virtual care options for patients – a 21<sup>st</sup> century approach to health care.



# Coordinated Care & Service Delivery: Ontario Health Teams

*A high performing system, driving improvements across key quality domains with eventual public reporting.*



# Coordinated Care & Service Delivery: Ontario Health Teams

*A system where health care providers partner to coordinate and deliver care.*

- ▷ ‘Ontario Health Teams’ (OHT) is a new model of integrated care where **a group of providers** (e.g. hospitals, home care, primary care, mental health and others) are **held clinically and fiscally accountable for delivering a coordinated continuum of care to a defined population or patient segment.**
- ▷ As part of an Ontario Health Team, patients will receive seamless and coordinated care no matter where they are located or what their health needs are. Ontario Health Teams will ensure patients have a single team of providers for all their care needs and will not experience gaps in service.

*At maturity, Ontario Health Teams across the province would provide the following key components:*



Cares for a **defined patient population / geography**

**Single point** of clinical and fiscal accountability; **leadership** capacity for high-quality care.



**Comprehensive continuum of care**, including all care settings

**Single budget**, modeled to promote population health, integration and access.



Defined **performance** model that allows for **risk and gain** sharing; performance **publicly reported**

**Virtual care** in place that gives patients digital choices such as video visits and digital access to patient health records



Communication and **information-sharing** (e.g. shared patient records among all care providers and patients)

Patients will have a **single point of contact**, who will help them navigate the system.



# A Single Agency: Ontario Health

*Partnering together for a system that is connected and well-run.*

Currently, multiple provincial health care agencies and specialized provincial programs provide overlapping, and often confusing, clinical guidance and support. This has resulted in a health care system that is difficult to navigate for both providers and patients.

## THE MINISTRY OF HEALTH AND LONG-TERM CARE

14

**Local Health Integration Networks (LHINs)**

*Board of Directors, CEO, Leadership Team*



**Multiple Provincial Health Agencies and Specialized Provincial Programs**

*Funding, Performance Management and Accountability*

*Quality Standards, Performance Management and Public Reporting*

**ONTARIO  
HEALTH**



# A Single Agency: Ontario Health

*Ontario Health would integrate multiple health care agencies and programs within a single agency.*

## BY COMBINING CRITICAL FUNCTIONS...

- System management and performance
- Population-based programs and clinical and quality standards
- System oversight and regional partnerships
- Back office support, including supply chain
- Digital health

## If the proposed legislation is passed, ONTARIO HEALTH WOULD:

Enhance the consistency of health care delivery across the province and enable nimble responsiveness to provincial direction. **1**

Ensure a uniform approach to integrating care to improve the patient experience. **2**

Centralize and create a single point for performance measurement and quality improvement. **3**

Streamline and improve clinical guidance and support for providers. **4**

Improve overall system efficiency by eliminating duplicative back office infrastructure and functions. **5**

Advance digital and virtual health and data management for the health system. **6**

# The Transformative Role of Community Paramedicine

*Community paramedicine programs play a key role in helping people with chronic health conditions live independently at home, where they want to be*

- A number of community paramedicine models demonstrate potential to impact hallway health care and shift the way patients interact with the health care system.
- **Paramedic Assessment and Referral:** Paramedics responding to frequent 911 callers conduct patient assessments (medical and home environment) and refer patients, as needed, to services in the community.
- **Home Visits:** Community paramedics provide home visits and care to seniors and other patients at risk of losing their independence to live at home.
- **Wellness Clinics:** Community paramedics provide flu shots, education on healthy living, chronic disease prevention, blood pressure checks, and other preventative health care in various community settings.



# The Transformative Role of Community Paramedicine

- *What needs to happen to facilitate community paramedicine to help keep patients in their communities and out of hospitals, when appropriate?*



# Next Steps

- As the government undertakes work to rebuild the health care system, the **Council will be an ongoing partner; providing strategic advice and recommendations through public reports.**
- Recommendations will explore opportunities for improvement in digital care, integrated health care delivery and finding efficiencies in the system to improve health outcomes for Ontarians.
- The Council is engaging with key stakeholders (patients, health service providers and organizations) on the findings of the first interim report, including **challenges** and **emerging themes** to support insights on the development of **solutions/recommendations** in their second interim report:
  - *Provincial – [hallwayhealthcare@ontario.ca](mailto:hallwayhealthcare@ontario.ca)*
  - *Regional focus sessions: March/April 2019*
  - *Key stakeholder meetings*



# Questions



# Contact

Dr. Rueben Devlin, Special Advisor and Chair  
Premier's Council on Improving Health Care  
and Ending Hallway Medicine

Rueben.Devlin@ontario.ca  
416-212-8869



# Appendix A: Council Members

- **Dr. Rueben Devlin**, Special Advisor, Chair, Premier's Council on Improving Health Care and Ending Hallway Medicine
- **Dr. Adalsteinn Brown**, Professor and Dean, University of Toronto Dalla Lana School of Public Health
- **Connie Clerici**, Chief Executive Officer, Closing the Gap
- **Barb Collins**, President & Chief Executive Officer, Humber River Hospital
- **Michael Decter**, President & Chief Executive Officer, LDIC Inc.
- **Dr. Suzanne Filion**, VP, Hawkesbury & District General
- **Dr. Lisa Habermehl**, Family Physician, Rural and Northern Ontario
- **Peter Harris**, Barrister & Solicitor
- **Dr. Gillian Kernaghan**, President & Chief Executive Officer of St. Joseph's Health Care London
- **Dr. Jack Kitts**, President & Chief Executive Officer, The Ottawa Hospital
- **Kimberley Moran**, Chief Executive Officer, Children's Mental Health Ontario
- **David Murray**, Executive Director, Northwest Health Alliance
- **Dr. Richard Reznick**, Dean, Faculty of Health Sciences Queens University
- **Shirlee Sharkey**, President & Chief Executive Officer of SE Health