North West **LHIN**
RLISS du Nord-Ouest

975 Alloy Drive, Suite 201
Thunder Bay, ON P7B 5Z8
Tel: 807 684-9425 • Fax: 807 684-9533
Toll Free: 1 866 907-5446
www.northwestlhin.on.ca

975, promenade Alloy, bureau 201
Thunder Bay, ON P7B 5Z8
Téléphone : 807 684-9425
Sans frais : 1 866 907-5446
Télécopieur : 807 684-9533
www.northwestlhin.on.ca

North West LHIN Health Service Provider Engagement in the Northern IDN

November 21, 2014

INTRODUCTION

In the fall of 2014, the Health System Design and Development (HSDD) team led five community engagement sessions with funded health service providers (HSPs) across the region. These sessions were designed to:

- Share information regarding the current planning initiatives and receive feedback from stakeholders
- Engage in dialogue related to local health system issues to build the 4th Integrated Health Services Plan
- Build relationships between HSPs and LHIN planning consultants in each integrated district network (IDN)

MEETING DETAILS

The HSDD team provided brief presentations highlighting current planning initiatives followed by an opportunity for participants to provide feedback and ask questions. The presentation outlined current planning initiatives in the areas of:

- Chronic disease prevention and management (CDPM)
- Access to care
- Mental health and addictions
- Seniors and palliative care

Following the presentations, a world café knowledge sharing forum was hosted by the HSDD team titled, 'The Harvest Café'. Participants were invited to rotate between three discussion tables hosted by the senior consultants. Table themes included chronic disease prevention and management, access to care and mental health and addictions.

The HSDD team invited various levels of management representing health service providers from the Northern IDN to an engagement session on November 21, 2014. The session was held at the Forest Inn in Sioux Lookout.

In order to set the stage for the discussion, participants were invited to reflect on the Café's central question:

How are we going to move health care forward in our region?

The following questions were proposed to each group to guide the discussion:

- What successes can we acknowledge?
- What challenges might come our way and how might we meet them?
- If our success was completely guaranteed, what bold steps might we choose?
- How can we support each other in taking the next steps (LHIN vs HSP)? What unique contribution can we each make?

Qualitative data in the form of notes from each discussion were collated and examined for common themes using content analysis. The following themes and points of discussion were the key findings resulting from the Northern IDN engagement session.

MAIN THEMES ARISING FROM HARVEST CAFÉ

Chronic Disease Prevention and Management

Several key themes were brought forward during discussion of chronic disease prevention and management that extended beyond specific disease into comprehensive approaches to service provision:

Approaches to CDPM service provision

- Self-management training is being provided to Aboriginal Diabetes Initiative (ADI) workers in the north. There is a need to educate those in the community to help build local capacity
- A registered dietitian and interpreter are trained in the self-management peer training which has strengthened local capacity
- The current ambulatory model needs to shift towards a chronic disease model
- System navigation support has been identified as a need. People require assistance with various issues beyond health care and the health care provider doesn't know where to send the client
- Meno Ya Win is a good model of care in the Northern IDN. Provision of services at the local level reduces travel outside the IDN
- Chronic disease is related to lifestyle factors and there is a need to consider why people are not taking care of themselves. Underlying socioeconomic issues needs to be addressed
- The prevention piece is critical but it is not always a priority when planning programs
- Exercise and falls prevention programs for seniors have not been well attended. Programs might be expanded to include the general population

- Prescribing exercise to patients is being done by one physician in Sioux Lookout and it has been well received
- Instead of measuring results we should measure patient value
- Mental health is often at the forefront for many clients living with chronic disease
- Health care providers need to meet clients where they are at. The client's priority may be to manage mental health and other social issues before addressing chronic disease

Access to health services

- Having programs hosted under one roof helps to make referrals easier. This adds value to the patient and reduces the number of visits required
- The dental program has increased attendance by using OTN
- There has been a decrease in no show rates. ADI workers help bring clients in for appointments. The clinic structure has shifted to a walk-in approach rather than formal booked appointments to meet client need
- Reduction in scheduled flights into and out of northern communities restricts when clinics can operate
- Access to accommodations in northern communities is limited and often results in having to cancel scheduled clinics on short notice because accommodation is not available
- Chronic disease programs should be linked with mental health programs to better support clients

Collaboration

- Multiple HSPs are working with Dr. Ben Chan on developing a communication tool to improve communication with northern communities. This is currently being piloted in one community with the expectation to be expanded across the IDN
- Collocation is working well as the Diabetes Education Program (DEP) and Centre for Complex Diabetes Care (CCDC) have daily meetings to discuss concerns and determine needs for the day
- Health Canada provides financial support for specialists to travel to northern communities
- Sioux Lookout First Nations Health Authority (SLFNHA) regional wellness response has been successful in addressing opioid use and blood borne infections by building capacity in the north
- The patient and caregiver voice must be heard during community engagement
- The public health unit needs to be actively involved in local chronic disease strategies. They have their own strategy but it is not communicated to other HSPs
- Working outside of ministerial silos is a required shift

Health human resources

- Recruitment of full time clinicians to travel to northern communities is a challenge
- Non-insured Health Benefits (NIHB) is reducing funding for travel outside of communities for health care
- There is a need to determine opportunities for multiple diabetes programs to connect in the IDN

Technology

- Current electronic medical record (EMR) platforms are not able to communicate with each other
- Sioux Lookout declined participation in the point of care testing (POCT) pilot because there was no way to ensure that A1C values would be shared with Sioux Lookout from northern communities due to lack of EMR in these communities
- There is a need to consider how best to use telemedicine in routine care provision
- A standardized policy for use of telemedicine by health care providers is needed. When hiring new staff these policies should be outlined during orientation
- Telemedicine needs to become more mobile to increase uptake by health care providers (ie. personal videoconferencing)
- EMR is not fully functioning across the IDN which creates challenges with information sharing, particularly in communicating with HSPs in Thunder Bay
- EMR compatibility challenges exist as different providers are using different platforms

Jurisdictional challenges

- NIHB has restrictions on the types of provincially funded services that First Nations populations can access. This limits where health care providers can refer clients
- Jurisdictional issues are a significant problem in the IDN. The district has the highest number of NIHB clients and there is limited access to provincial programs

Opportunities

- There are many diabetes programs in the IDN however no one is communicating with each other
- An inventory that is accessible to all local health care providers is necessary so that everyone knows what exists in the IDN and across the region
- Funding for chronic disease programs should be allocated to one single HSP as there is significant duplication and a lack coordination among existing programs
- Long term goals might include integrated funding models but this type of change takes time
- There is a lack of awareness as to what services exist in the IDN and the assumption that there is duplication occurring

Access to specialty services

- Sioux Lookout clients would benefit from a Hepatitis C treatment program so travel to Winnipeg or Thunder Bay for care is avoided
- Access to dialysis in First Nations communities is a challenge. However there are limitations to offering this service in small communities as specialized staffing is required

Clinical integration

- There is a need for standardization among diabetes programs which is underway
- Referral processes need to be streamlined across the region and easy to follow
- Increasing coordination of care provision remains a challenge

Children and youth

- School programs might target younger generations in chronic disease prevention
- There is a shortage of programs for youth to address recreational needs and overall wellness
- There are few roles for youth in First Nations communities. They are not included in community decisions. Youth have low self-esteem and self-worth. While some programs for youth are initiated they are often not sustainable

Senior and elder care

- A lack of long term care facilities is a significant gap in the IDN as clients must relocate to Thunder Bay to access this type of service. This contributes to the strain on the demand in Thunder Bay
- Appropriate long term care and elder care for First Nations elders is needed

Mental Health and Addictions

The prevalence of mental health and addictions issues was recognized as a pervasive issue across the Northern IDN. Several key themes were identified from the discussion:

Access to mental health and addiction services

- Clients accessing chronic disease services also have underlying mental health and addictions issues that need to be addressed

- Health care providers have specialized training but lack training in social work or case management. There is need for a strong mental health piece to support all programs
- Crisis response close to home would be beneficial
- Client needs should be met close to home when possible
- The top reason for admission into hospital in the IDN is for mental health issues
- System navigation is difficult for clients. It would be helpful to have a person to contact with system related questions
- Meno Ya Win has improved access and response
- Having NODIN services housed in the hospital is helpful for crisis response
- High users of the ED are mainly related to mental health and addictions and are not necessarily chronic disease or trauma. Specialized training in mental health and addictions is needed for those working in the ED
- Transportation and escort costs for Schedule 1 cases are significant
- NIHB doesn't cover travel for mental health and addictions to the full extent
- The Integrated Pregnancy Program (IPP) has been very successful in providing access to specialized care with positive outcomes for clients

Children and youth

- Child and adolescent mental health and addictions issues are a concern in the IDN
- Transitional care between child/youth and adult system is a gap
- There is a lack of support for youth and children seeking mental health and addictions services including access to psychiatry. Costs associated with transportation and escorts are a concern
- Services for children and youth are lacking. There are long waitlists to access services
- Age should not be an eligibility criteria for accessing services

Opportunities

- Assertive Community Treatment Teams (ACTT) are needed in the Northern IDN. It is anticipated that there are sufficient numbers to support this service. However the service may need to be more mobile and use telemedicine to reach remote communities
- There is need for residential stabilization units in the Northern IDN
- The short term assessment and treatment (STAT) unit operated through Sioux Lookout First Nations Health Authority must be brought back
- There is a significant need for crisis response
- Clinicians want professional development in Applied Suicide Intervention Skills Training (ASIST)

Social determinants of health

- Many concerns of the client with a chronic disease are related to social determinants of health such as access to food, child protection issues and housing
- Social determinants of health must be a strong consideration in population health
- Value to the client should supersede the care. Meeting the client's own goals and expectations is very important

Health human resources

- More capacity is needed in the northern communities to support mental health and addictions
- There are committed service providers for mental health and addictions programs in the IDN
- There is a shortage of addictions counselors in the north
- Care continuity and access to physicians remain a challenge as locums often provide care

Access to specialty services

- Eating disorder program through St. Joseph Care Group has been very successful
- Canadian Mental Health Association psychosis program is not well represented in the region
- Geriatric mental health care is needed
- Supports for Fetal Alcohol Spectrum Disorder (FASD) are needed including training. Obtaining diagnosis for adults has been challenging
- Many northern communities are establishing suboxone programs but there is need for inpatient programs
- FASD diagnosis poses a challenge as there are restrictions with NIHB coverage
- Services that incorporate traditional healing practices are needed in the IDN
- TBRHSC child and adolescent mental health unit has become a crisis response unit even though this was not the initial plan. A review of the unit is underway to understand how to better serve the region
- There are many individuals who have not had access to FASD diagnostics and are restricted from accessing beneficial services

Technology

- There is need for a 'safe place' for telemedicine
- Keewaytinook Okimakanak Telemedicine (KOTM) is exploring opportunities for virtual mental health programs
- Inter-ministerial coordination should be considered for tele-mental health programs targeting youth under the age of 16

- There are concerns regarding documentation as there is no EMR for mental health and addictions services. Where EMR exists, it is not utilized to its full capacity
- There are multiple EMR platforms being used across local organizations which limits information sharing and results in duplicate charting
- The Health Alliance may be able to explore opportunities for electronic charting across the region for mental health and addictions

After care

- Hospital may provide support but when back in the community there is limited after care
- Transition and follow up care in the communities must be improved for the patients of the integrated pregnancy program
- After care programs that are community based can help build local capacity
- Counseling during and after treatment should be available to help prevent relapses

Collaboration

- Regional services that are available in the IDN need to be better communicated
- Continuity of care from one provider to another needs to be improved
- Shared care models for health care providers should be considered
- There is a lack of coordination between HSPs and the Kenora court division regarding youth with developmental disabilities

Integration

- There is a lack of integration and coordination between programs at the local health hub, IDN and regional level
- Functioning within various budgets, mandates and across organizations makes it difficult to integrate and partner with other HSPs

Access to Care

Discussion on 'access to care' was framed as access to the emergency department, specialty care, ALC and imaging. However participants were encouraged to bring forward additional items for discussions. The key themes that were discussed included:

Specialty care

- Some visiting specialists have been travelling to Sioux Lookout and are very accommodating of patients
- The capacity for CT scanning at Meno Ya Win has reduced travel for patients

Technology

- Initiatives at Meno Ya Win to communicate with specialists has helped to ensure timely appointments for patients using telemedicine systems
- Telestroke services are utilized well, along with stroke rehab and secondary prevention
- There is a need to update x-ray systems in some fly-in communities to have digital capacity, in order to easily send images to radiologists and specialists in other locations
- Keeping technology running and internet connectivity is a challenge in regards to electronic medical records and others
- The requirement for specialist telemedicine appointments could be placed in service contracts and pay methods, to encourage greater utilization

Health human resources

- There is a need for trained personal support workers in small communities
- Local capacity to operate x-ray equipment, especially in small communities and funding sources for replacing equipment is a challenge

Collaboration

- A partnership with Health Canada may allow for some nurses from Meno Ya Win, who are willing to travel on a rotating schedule to remote communities, to fill nursing gaps in First Nations communities
- First responder medics can often predict the need for direct transport to specialist orthopaedic care in Thunder Bay, particularly for some hip fractures. There could be a mechanism for consideration of the medic's advice, instead of the automatic requirement of x-ray and diagnosis locally before transport to specialist care

Local challenges

- Pharmaceutical supplies are often difficult to maintain in remote areas because of low volume of patients and expiry of medications if over stocked

SUMMARY

- There was open and strong participation during the group discussions. While some participants knew each other, others did not and this provided the opportunity to network with people in the district
- Participants valued the opportunity to share their experiences and ideas during the Harvest Café with a diverse group of HSPs
- The format of the Café received positive feedback from the participants however participants indicated the need for allotment of additional time during the discussions
- Participants expressed appreciation towards the LHIN for making the effort to travel to the Northern IDN and taking the time to meet with stakeholders
- A follow up summary document of the Harvest Café discussion was of keen interest to the participants and they were assured that this would be provided

The goal of the session was achieved. Health service providers from the Northern IDN embraced the opportunity to share their lived experiences and provide insight into how patient health care experience can be improved as planning the next IHSP takes place.

APPENDIX

Summary of Attendees Evaluations

1. Overall, did this session meet the stated objectives? Yes (15) No (-) Unsure (-)

2. What was your overall level of satisfaction with the following:

Please mark one rating per line, either **X** or ✓	**Highly Dissatisfied**	**Dissatisfied**	**Satisfied**	**Highly Satisfied**
Content of session			**13**	**4**
Group Discussion			**7**	**10**
Use of Your Time			**13**	**4**
Opportunity to participate			**5**	**12**

3. What was your overall level of satisfaction with this session?

	Highly Dissatisfied	**Dissatisfied**	**Satisfied**	**Highly Satisfied**
Please mark one rating only			**13**	**5**

4. What did you like best about this session?

- Harvest Café (5)
- Open/group discussions (4)
- Participation
- Interaction with other agencies (5)
- LHIN updates and identifying the available services/gaps (2)
- Face to face discussions with the LHIN
- Being heard/awareness

5. What are one or two things that would have improved this session?

- Being better able to link services to the Northern communities
- More time for LHIN presentations
- More time in general (3)
- Provide participating local agencies contact information
- Support/guidance to address areas of need
- Physician representation

7. Was the Harvest Café was an appropriate format to engage in group discussion?

	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied
Please mark one rating only			**6**	**11**

8. Other comments:

- Thank you (4)