Ontario

Ministry of Health and Long-Term Care
North Region

Ministère de la Santé et des Soins de longue durée
Région du Nord

REVIEW OF THE IMPLEMENTATION OF THE RURAL AND NORTHERN HEALTH CARE FRAMEWORK –

EXECUTIVE SUMMARY

Report of the
Joint Working Group of the
Ontario Hospital Association
and the
Ministry of Health and Long-Term Care

August 2004

EXECUTIVE SUMMARY

Background

Access to quality health care for residents of rural, remote and northern communities in Ontario is a critical issue. The challenges of providing equitable and timely access to health care are due to a number of factors including: geographic remoteness, long distances, low density populations, less availability of other providers, and inclement weather conditions making it difficult as well as costly to obtain health services.

In 1997, the Government of Ontario released the, *Rural and Northern Health Care Framework*, which presented a vision, principles and planning directions for a fully-integrated and coordinated rural health system, that would enhance access to health care for residents of rural, remote and northern communities. Subsequently, a number of major initiatives were launched to improve rural health and promote the *Framework.*

A great deal of work has gone into promoting and implementing rural and northern networks and, after six years, it was recognized that the *Framework* needed to be reviewed to ensure its currency and to provide adequate guidelines for networks to move forward with implementation. As a result of discussions between the Ontario Hospital Association (OHA) Small Hospitals Provincial Advisory Group (SHPAG) and the Ministry, it was agreed to conduct a joint review of the implementation of the *Framework.*

The Working Group

The Ontario Hospital Association and the Ministry of Health and Long-Term Care (MOHLTC) Review of the Implementation of the *Rural and Northern Health Care Framework* Working Group was made up of representatives of the OHA, the Ministry, District Health Councils and Community Care Access Centres. The overall purpose of the review was to provide the Ministry and the OHA with comments, observations, and further recommendations regarding the implementation of the networks.

The Working Group used three approaches to inform its deliberations: a document review; consultations which included an Expert Panel and a general call for input; and a review of network implementation plans to assess the status of network development. The input of the expert panel was particularly valuable for informing the deliberations of the Working Group. As well, the Working Group used six key issues to frame its deliberations.

The intent of the Working Group was to determine how to facilitate the effective implementation of networks, and not to revise the *Rural and Northern Health Care Framework.* The deliberations and recommendations are presented in the spirit of that intent.

For the purpose of this report and to demonstrate the evolution of networks, the Working Group has chosen to refer to hospital networks as per *the Rural and Northern Health Care Framework*) as "networks".

Deliberations of the Working Group

Issue 1: Network Configuration and Membership

The Working Group noted that incentives may be needed to attract other agencies and partners in networks. Increasing emphasis on provincial and regional systems and program initiatives highlights the importance of multi-network cooperation and provincial planning.

R1 The emphasis of the *Rural and Northern Health Care Framework* remain on rural and northern hospitals, and that the intent of the *Framework* continue to be the establishment of broad-based health care networks linking hospital- and community-based service providers, consistent with the government's priority for greater system integration. The participation of other non-rural hospitals, district health councils, community care access centres and other community agencies should be strongly encouraged.

R2 Networks be given the flexibility to determine network configuration and membership, according to their unique circumstances. In addition, other network configurations, that go beyond those identified by the Health Services Restructuring Commission, should be recognized. This includes acknowledging groups of hospitals with rural and northern hospital members that have voluntarily agreed to work together as a rural and northern network.

R3 The Ministry of Health and Long-Term Care recognize and acknowledge the evolving changes in network configuration and membership.

Issue 2: Roles and Responsibilities

The Working Group noted that the roles and responsibilities of hospitals, DHCs, the Ministry and CCACs within networks, should be clearly defined in network agreements. Although agreements should have common consistent elements, they should be developed at the network level so they are sensitive to local issues and the voluntary participation of some of the organisations.

When addressing the roles of various players in networks, the Working Group concluded:

- *Hospitals* in each network can assume a lead role with collective responsibility being shared by the network partners.
- *District Health Councils* play, and must continue to play, an important role in developing and implementing networks.

- *Ministry of Health and Long-Term Care* leadership is required to champion the needs of rural and northern communities. The Working Group identified a number of Ministry-led activities to strengthen the development of networks, and recommended that the Ministry participate in the ongoing network planning and in the approval process of network activities.
- *Community Care Access Centres* are well positioned to be active members of networks, which the Working Group supports through a recommendation.

R4 The Ontario Hospital Association continue the ongoing collaboration with the Ministry of Health and Long-Term Care on the *Rural and Northern Health Care Framework* initiative.

R5 District health councils collaborate with planning partners in network planning, and assume one or more of a variety of roles in the development and implementation of networks including that of facilitator, broker and support. The Ministry of Health and Long-Term Care should acknowledge the network-related role of DHCs in their annual workplan and in negotiations with each DHC's Regional Office.

R6 The Ministry of Health and Long-Term Care participate in the ongoing network planning and in the approval process of network activities. Furthermore, the Ministry should provide networks with clear directions on guiding principles, expectations and outcomes for networks, along with regular feedback on these expectations and outcomes, as identified by the Working Group in this report.

R7 The Ministry of Health and Long-Term Care to establish a corporate rural and northern health presence at a senior level of the bureaucracy to champion and provide leadership for the implementation of the *Rural and Northern Health Framework* and network direction. This includes establishing a process between networks and Ministry Regional Offices to ensure that communications and interactions are coordinated and consistent.

R8 Community care access centres be active members of networks.

Issue 3: Network Goals and Outcomes

As part of the process of establishing network goals and outcomes, "core health services" for rural communities must be defined. Common core services should reflect factors such as community needs, geography, health status, economics and other determinants of health.

Over the course of its review, the Working Group concluded that hospital bed-sizing and siting is no longer an appropriate nor useful approach to health system planning and coordination.

The lack of a system perspective has hampered the evolution of networks. Networks tend to plan in isolation, rather than engage in multi-network cooperation. Futhermore, while a number of ministry initiatives have impacted directly on networks, the latter were not included in the development and implementation stages.

With regard to outcomes, the Working Group believes that the ministry should be responsible for articulating network outcomes, with the networks responsible for determining how those outcomes will be achieved.

R9 The Ministry of Health and Long-Term Care, in collaboration with the Ontario Hospital Association and other partners identify the common core health services for rural and northern networks (taking into account the basket of services that are available). These common core services should reflect population needs based planning. Discussions on common core health services – which include hospital core services – should go beyond "official network members" to include all stakeholders.

R10 The primary focus of the *Framework's Principles and Planning Guidelines* should be on population needs-based planning to determine how and where hospital services should be delivered.

R11 Networks evolve from single network planning towards greater multi-network cooperation, consistent with the government's priority for greater system integration, to respond to provincial initiatives and program needs. Furthermore, the role of networks in facilitating the objectives of various government and regional initiatives – such as laboratory reform and family health networks – needs to be reinforced. The Ministry appointed designate responsible for rural and northern health would play a lead role in facilitating this process.

R12 Outcomes be established for networks, supported by clear targets and indicators that are reviewed regularly and revised, as required. Networks will determine how outcomes will be achieved. Boards should play an important role in implementing networks and assisting networks to manage change.

R13 Reflecting the *Rural and Northern Health Care Vision*, network outcomes are as follows: i) To improve the integration and co-ordination of the service delivery system; ii) To improve 24-hour access to care; iii) To enhance access to a range of programs and services which place the patient first; iv) To improve responsiveness to community needs when determining range of programs and services; v) To be more effective and efficient in the use of resources: the right care, in the right place, at the right time; and vi) To augment and improve the integration of information and communications technology with linkages to all network partners.

Issue 4: Incentives

In its deliberations on incentives, the Working Group noted that research on health care networks, alliances and partnerships indicates that considerable time and effort go into developing successful collaborations. Simply mandating collaboration is insufficient to produce results and ensure success. Networks need incentives such as funding to support operations (e.g., staff secretariat) and other supports (such as information) to ensure long-term sustainability.

R14 The Ministry of Health and Long-Term Care continue the $10 million Rural and Northern Funding Initiative, and link it with efficiencies and service improvements across the network.

R15 The Ministry of Health and Long-Term Care continue funding successful pilot projects on an ongoing basis.

R16 Best practice network models be made available through a dedicated website or other communication mechanisms.

R17 To provide funding for rural, remote and northern health care research and evaluation with respect to rural and northern network implementation.

Issue 5: Funding

The Working Group observed that the funding allocation and decision-making processes that the Ministry uses to fund network initiatives need to be open and transparent. The full range of funding sources to support networks should be identified and communicated.

It has been recognized by the federal, and provincial governments, as well as the health care provider community, that improved sharing of healthcare information via information technology-enabled networks will lead to improvements in the quality and timeliness of health care delivery. In order to ensure inclusiveness across the Ontario health care system it is critical that there be support for ICT networking to improve consistency in ICT connectivity and enhance the ability of healthcare partners to share relevant patient information.

The Working Group believes that there must be more deliberation and planning on the allocation of capital dollars to network hospitals. Currently, the capital funding approval process favours HSRC-directed projects and network-approved projects where hospital redevelopment is directly linked to a network bed rationalization plan. This process discriminates against rural and northern hospitals that need funding to redevelop aging physical plants beyond bed rationalization.

R18 The funding allocation and decision-making processes used by the Ministry of Health and Long-Term Care related to network initiatives be open and transparent and be informed by input from the stakeholders.

R19 Funding mechanisms – including funding formulae, case costing methodologies, multi-year funding and accountability agreements – be adjusted to recognize the costs of supporting the network activities.

R20 The Ministry of Health and Long-Term Care ensure that future decisions regarding provincial funding (such as cancer care, mental health) be aligned with the rural and northern networks, and community needs.

Information and Telecommunications

R21 The Ministry of Health and Long-Term Care fund network ICT projects to achieve the network objectives of enhancing linkages among network partners through essential information and communication technologies.

R22 Smart Systems for Health Agency address 'consistent and complete network connectivity' as a main priority.

R23 The Hospital eHealth Council vision and direction for the development of regionalized electronic health record systems be aligned with and support rural and northern networks.

Capital Funding

R24 The Ministry of Health and Long-Term Care review all hospital capital allocation policies for equity. The policies should tie network capital projects to outcomes and incorporate incentive funding to address network activities.

R25 The Ministry of Health and Long-Term Care develop assessment mechanisms and criteria for reviewing capital projects that place a priority upon enhancing network activity and access to care for residents of rural and northern communities.

Issue 6: Evaluation and Monitoring

In its deliberations on evaluation and monitoring, the Working Group concluded that a network evaluation process must be transparent, and provide for accountability to the community and government.

R26 The Ministry of Health and Long-Term Care, the Ontario Hospital Association and other partners develop network evaluation criteria based on clearly defined outcomes. The criteria should include, but not be limited to, accountability mechanisms to the community and the Ministry, and a common set of short and

long-term goals. The evaluation of networks will need to be linked to the widely-accepted principles of public accountability, quality patient care, transparency and a balanced scorecard of indicators approach.

R27 Networks report annually as to the attainment of the outcomes. This process is to be linked with the Ministry of Health and Long-Term Care's business planning process. The Ministry to provide feedback to the networks, regarding their progress.

Other Issues Beyond the Mandate of the Working Group

With regard to issues that were beyond its mandate, the Working Group recommended that:

R28 The Ministry of Health and Long-Term Care, the Ontario Hospital Association and other partners address the following outstanding issues: i) develop a comprehensive policy addressing primary care issues and broader system integration; ii) review the appropriateness and usefulness of categorizing and designating hospitals by level within a network; iii) streamline network reporting requirements and eliminate duplicate reporting; iv) when developing policy and network outcomes, incorporate the work that is being done by other sectors; and v) develop a comprehensive human resources strategy for rural and northern communities.

SUMMARY OF RECOMMENDATIONS

Issue 1: Network Configuration and Membership

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