Commitment to Integration
Community Health Ontario

Association of Ontario Health Centres
Ontario Community Support Association
Ontario Federation of Community Mental Health and Addiction Programs

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COMMITMENT TO INTEGRATION

Quality, efficiency, innovation and evidence-based practices - these are the pillars on which a sustainable health care system is based. But those characteristics alone are not enough. The sustainability of Ontario’s health system also depends on our ability to keep Ontarians healthy and avoid the need for more costly care. To achieve that goal, Community Health Ontario (CHO) believes that we need strong, community-based services that are integrated and coordinated with the acute care system, and a health system that addresses the social determinants of health as the key to a healthy society.

Our partnership, and the recent decision to co-locate our organizations, is testimony to our belief in the power of coordinated effort. Community Health Ontario (CHO) is a formalized strategic partnership comprised of three provincial organizations:

**Association of Ontario Health Centres**

The Association of Ontario Health Centres (AOHC) provides leadership for the promotion, advocacy, education and development of Community Health Centres, Aboriginal Health Access Centres, and Community Family Health Teams. Our vision is for all Ontarians to have access to not-for-profit, community-governed, inter-professional primary health care.

**Ontario Community Support Association**

The Ontario Community Support Association (OCSA) strengthens and promotes home and community support as the foundation of a sustainable health care system. Our members are community governed not-for-profit organizations that provide services to help people live at home.

**Ontario Federation of Community Mental Health and Addiction Programs**

The Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) brings together community mental health and addiction services in the province of Ontario to help members provide effective, high-quality services through information sharing, education, advocacy and united effort.
Together, we represent the majority of not-for-profit home and community support, mental health and addictions, and community-governed primary health care providers in Ontario - four of the seven areas of health care for which the LHINs are responsible. We present the following, on behalf of our sectors, as our contribution to ongoing efforts to integrate Ontario's health care system and realize its vision for the future.

With the passage of the Local Health System Integration Act in 2006, the government of Ontario signalled its commitment to providing 'high quality, coordinated health care', planned and delivered at the local level.¹ The legislation articulated a vision of 'an integrated health system that delivers the health services that people need, now and in the future.'² Since then, the province’s 14 Local Health Integration Networks (LHINs), whose powers were defined under the Act, have pursued that objective.

Community Health Ontario is supportive of efforts to integrate the manner in which health care is planned, organized and delivered. From our perspective, the true test of any integration initiative is whether or not it enhances the care provided to those the system was designed to serve. Integration must result in improvement of quality of life for patients and clients. We also believe that the health system – no matter how well designed, or how well resourced, cannot accomplish that task on its own. Truly integrated care can only be delivered when the health sector engages effectively with the broader social service sector and both systems work together in the interest of the client.

Our member agencies live the reality of integration - through their organizational values, their commitment to partnership, and their approach to service provision. Their clients face barriers to care - sometimes multiple and complex barriers – age, chronic disease, disability, race, language, culture, geography, sexual identity, mental health challenges, addictions, homelessness and poverty, among others. Meeting their needs often requires a coordinated response – one that integrates strong community-based health services with the acute and long-term care systems, and, more broadly, with services that address the social determinants of health. In our view, enhancing the system's capacity to deliver that type of integrated care must be the primary objective of all 'integration' efforts.

¹ McGuinty Government Strengthens Role of Local Communities in Health Care Decision. Government of Ontario, Ministry of Health and Long-Term Care, March 1, 2006
² Preamble – Local Health System Integration Act, 2006
The community sector is actively pursuing that objective. Consider the following:

- The mental health agency that partners with a local Community Health Centre to ensure that clients with diabetes receive the clinical care necessary to manage their condition
- The addiction agency that joins forces with its mental health colleagues to provide specialized services to people with concurrent disorders
- The Meals on Wheels Program that collaborates with a supportive housing provider to support clients’ nutrition needs and enhance their independence
- The addiction program that works jointly with Ontario Works staff to ensure that eligible clients receive the benefits to which they are entitled
- The community support agency’s “Home at Last” program that works with hospitals to help discharged patients get home and stay home after an acute episode
- The collaboration between an independent family health team and its community’s mental health and addiction service providers to integrate the care they offer to patients with addiction and mental health problems

Those alliances speak to our eagerness to collaborate and to the level of support within the community sector for a range of ‘integration initiatives’ – in the form of partnerships, joint ventures and others – so long as they reflect the principles articulated in this charter, and meet the following criteria:

- Potential benefits to the client can be clearly demonstrated
- The initiative is perceived by those involved as beneficial to the community
- The integration process is driven from the bottom up
- Relationships are voluntary, not mandated
- Implementation is collaborative
- The community is actively engaged in the integration process
- The process fosters positive working relationships and stronger linkages among services and across sectors
- The needs and values of each community are reflected in the structures and services that ultimately result from the integration initiative
- The values, cultures and traditions of the not-for-profit sector are respected and supported
Our members work hard to develop partnerships that meet those criteria and address our clients’ needs. A recent study commissioned by the AOHC\(^3\) confirmed what we've long known to be true – that Community Health Centres (CHCs), like other community agencies, are involved in a rich tapestry of inter-organizational relationships\(^4\).

The study found that the CHC sector has undertaken substantive and effective integration initiatives. The fifty-six CHCs that responded to the survey reported that they were involved in a total of 952 partnerships - 17 each, on average. One respondent noted that their organization was engaged in 80 separate relationships. Further:

- 69% of CHC partnerships were rated, by those involved, as either ‘excellent’ or ‘very good’
- 96% are focused on service coordination
- 46% involve LHIN-funded partners, while non LHIN-funded services and other sector partners account for 25% each

That level of commitment to joint effort is impressive, but hardly surprising. ‘Integration’ is one of eight key principles\(^5\) on which the CHC model of care is based:

> “CHCs develop strong connections with health system partners and community partners to ensure the integration of CHC services with the delivery of other health and social services. Integration improves client care through the provision of timely services, appropriate referrals, and the delivery of seamless care. Integration also leads to system efficiencies.”\(^6\)

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\(^3\) CHCs and Integration: A discussion paper. KPMG October 2010

\(^4\) KPMG, ibid

\(^5\) The Model of Care is also: Comprehensive, Accessible, Client and community focused, Interdisciplinary, Community governed, Inclusive of the social determinants of health, and Grounded in a community development approach.

\(^6\) KPMG, op. cit.
Community mental health and addiction programs, community support services, Aboriginal Health Access Centres and Community Family Health Teams share the CHCs’ commitment to healthy productive partnerships as a strategy for delivering integrated client care.

The Local Health System Integration Act charged the LHINs with “promoting the integration of the local health system to provide appropriate, coordinated, effective and efficient health services.” In defining ‘integration’, the legislation identified five strategies:

(a) to co-ordinate services and interactions between different persons and entities,
(b) to partner with another person or entity in providing services or in operating,
(c) to transfer, merge or amalgamate services, operations, persons or entities,
(d) to start or cease providing services,
(e) to cease to operate or to dissolve or wind up the operations of a person or entity

We believe that, by focusing the majority of their energies and resources on the first and second of those strategies (i.e. service coordination and organizational partnerships) the LHINs could produce a health care system that delivers integrated care from the perspective of the client while, at the same time, preserving the values and integrity of the community sector.

The power granted to the LHINs, and ultimately to the Minister of Health and Long-Term Care, to order mergers, amalgamations and the dissolution of organizations must, we believe, be used sparingly, and with great caution.

There is little empirical evidence, from any jurisdiction, or from any sector, that restructuring is an effective strategy for achieving true integration. In fact, a significant body of literature suggests that reliance on structural approaches may have a paradoxical effect. That disappointing outcome results from a tendency to focus on the legal, structural and technical aspects of inter-organizational relationships and to neglect the ‘softer’ side – the ‘people processes’. No matter how well-intentioned, or how compelling they appear on paper, system change efforts that fail to

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respect the values, beliefs and principles of the individuals charged with implementing them will almost certainly not succeed.

How, then, do we design a sustainable, integrated health system which operates effectively and efficiently and, above all else, meets the complex needs of the clients it was designed to serve? Recent studies have consistently emphasized the importance of employing a wide range of flexible models, ‘tailor-made’ to fit each community and each set of circumstances, rather than a single ‘one size fits all’ solution\(^{10}\). In addition to that overarching principle, researchers have found that successful efforts to integrate health systems share the following features:

- System leaders have a clear, compelling vision
- The system’s culture is congruent with this vision
- Governance bodies are strong and focused
- The system employs a mix of strategies in pursuit of integration; the synergy between strategies can be as important as the individual strategies themselves

More specifically,

- Successful Integration initiatives are comprehensive in scope (i.e. cross-sectoral)
- Initiatives acknowledge and enhance pre-existing relationships among agencies
- The patient/client is at the centre of the system and contributes, in a meaningful way, to the decision-making process
- Inter-professional teams deliver standardized care
- Service providers’ roles and responsibilities are clearly defined
- The human resource implications of all integration efforts are thoroughly examined and addressed with sensitivity
- State-of-the-art information systems allow for secure, efficient communication among providers
- System goals are clear and evaluation protocols are consistently implemented
- Well developed performance management systems are in place\(^{11}\)

\(^{10}\) Suter et al (2007), Shaw and Rumbold (2010) and Kodner (2010)

Finally, the research offers two caveats - that integrated care is difficult to achieve and demands long-term commitment and investment\textsuperscript{12}, and that even systems that possess all the critical characteristics may not result in economic benefits\textsuperscript{13}.

Given those cautions, and the enormity of the undertaking, it might be tempting to abandon the notion of integrating Ontario’s health system. Neither the system nor its users can afford for that to happen. We must, in the interest of system sustainability and the delivery of integrated care to the 13 million people who depend on the province’s health services, stay the course. At the same time, we must protect the values and principles on which Ontario’s community health services were founded – connection with community, connectedness among services, respect for the unique needs and resources of each individual, and a fundamental commitment to the provision of integrated care.

Only then will we have a health system in which quality care is delivered efficiently and evidence-based practices are balanced with innovation.

Only then will we have the health care system that Ontarians deserve.

\textsuperscript{12} Shaw (2009), Shaw and Rumbold (2010)