

**CENTRAL LOCAL HEALTH INTEGRATION NETWORK  
INFORMATION FOR HEALTH SERVICE PROVIDERS  
GUIDELINES FOR IDENTIFYING INTEGRATION PROPOSALS**

**SEPTEMBER 2007**

**Purpose:**

To date, the Central LHIN Board of Directors has received several integration requests or letters of intent for integration requests. Health Service Providers have requested some assistance in determining what constitutes an integration request requiring Central LHIN Board approval under the legislation.

The purpose of this document is to provide general direction to assist Health Service Providers in determining whether something might qualify as an integration decision requiring Central LHIN Board approval

**Definition:**

Under LHSIA the definition of 'integration' includes (but is not limited to) the following kinds of activities:

- Coordination of services and interactions;
- Partnering with others in providing services or in operating;
- Transferring, merging, or amalgamating services, operations, or entities;
- Starting or ceasing to provide services; and
- Ceasing to operate.

**Questions to Ask in Defining an Integration Request:**

In light of the broad definition of integration, it was felt that Health Service Providers would benefit from greater specificity as to what constitutes an integration request requiring LHIN approval, and what does not. It is not the intent to hinder the operations of a Health Service Provider, but rather to enhance the quality, access, efficiency, and effectiveness of health care services in Ontario, and to promote service innovation. If an Health Service Provider has an integration activity that they believe falls under the legislated definition, there are several questions that can be considered. Note that one does not have to have a positive response to each of the following questions to constitute an integration request:

- Is there more than one Health Service Provider involved?
- Does the request have a significant impact on patient/client care and on the population of the LHIN in terms of such things as access, choice, quality, timeliness, continuity and coordination of services, and health outcomes?
- Does the request have an impact on the Accountability Agreement of a Health Service Provider?
- Does the request have an impact on the governance of the Health Service Provider or of a program being delivered by the Health Service Provider e.g. program transfer?

Some examples of integration activities that will require LHIN approval include:

- Coordination of services and interactions that have a direct impact on the use of services or resources funded by the Central LHIN, the Accountability Agreement, or the service system e.g. transfer of a program or funding
- Partnerships including the co-location of Health Service Providers that generate significant cost savings; impact on care and services; include back office integration e.g. purchasing, Human Resources, Information Technology
- Partnerships that change the way that people may access or receive services e.g. implementation of a centralized access system.

It is the responsibility of the LHIN to determine whether or not an integration decision is in the best interest of the public. In determining whether to require or stop integration, the LHIN may consider the following:

- Does the integration promote appropriate, coordinated, effective and efficient health services?
- Does the integration promote better access to high quality health services?
- Does the integration achieve quality improvements in clinical outcomes, health service delivery, and/or system performance?
- Does the integration support patient and consumer centered health care?
- Does the integration promote efficient and effective management of local health system to ensure sustainability?
- Does the integration ensure value for money?

Integration requests may also be evaluated on the following criteria:

- Impact on patient/client care and on the population of the LHIN in terms of such things as access, choice, quality, timeliness, continuity and coordination of services, and health outcomes;
- Impact on achievement of the goals of the integration health service plan or provincial strategic plan;
- Impact on specific subpopulations, diverse communities and any vulnerable populations in the LHIN;
- Impact on labour and employment relations;
- Downstream impacts on health service providers and other entities in terms of such things as capacity, services provided, continuity and coordination of services, population(s) served, and governance;
- Impact on use of resources and health system sustainability;
- Impact on relationships, collaboration and partnerships.