



Determining Priorities

Setting priorities is a process of making choices in the context of provincial government policy, epidemiological data, and evidence from the field, combined with the LHIN's values such as equity. KPMG's proposed Prioritization Framework is provided in Appendix R. In setting priorities, the LHIN will be required to work with its providers to determine their collective priorities and determine the agenda to move things forward.

The previous chapters have described specific disparities in health status and service gaps. Setting priorities is a process of determining:

- where to focus the LHIN's efforts;
- what to address first;
- where to spend the LHIN's limited undesignated resources; and
- how to allocate the designated resources most effectively to meet the LHIN's goals.

The overall demand for health services in the Central LHIN is expected to increase significantly over time because of higher than average population growth and aging. There are also significant disparities in the current health status of certain populations within the LHIN, and in social equity which will determine health status and the demand for health services in the future.

The priority-setting must also take into account a number of initiatives currently being implemented which will improve some services in the next few years, or which can be leveraged to make further gains. For example, significant investment is being made in home support for seniors through the Aging At Home initiative, and the Cancer Centre being developed at Southlake Regional Health Centre will increase cancer services.

There are also a number of provincial policy choices, which set the context in which the LHIN makes its prioritization choices. The Ministry of Health and Long-Term Care has begun implementing a population-based funding formula, which can be expected to address at least some of the cost of growth in population and aging. The government will continue to fund and support a broad range of health services, but is primarily focused on two priorities for the next four years (which encompass several initiatives):

- Reducing wait times in emergency departments including:
 - Improved access flow and access to inpatient units and reducing the number of visits to emergency rooms;
 - A new Aging at Home Strategy that enables seniors to continue living in their homes;
 - Better management of chronic diseases, such as diabetes, including eHealth initiatives;
 - More home care; and
 - Improved community-based mental health and addiction treatment.
- Improving access to family health care including:
 - 50 new Family Health Teams (recently delayed by a year in the Fall 2008 Economic Update);
 - 25 nurse practitioner-led clinics; and,

- 9,000 new nurses (also with a one year delay).

To address all of these intersecting issues, we have proposed a Prioritization Framework consisting of four components:

1. Making strategic choices;
2. Setting goals for the local health system;
3. Developing programs to effectively meet those goals; and,
4. Evaluating projects within this framework according to three criteria.

Strategic Priorities

The prioritization process starts with strategic choices. To meet its mandate, the LHIN will need to address service gaps and the disparity in the health status of the population; not pick one over the other. It also needs to invest in integration infrastructure if it is to make progress on these two priorities and achieve the integrated health system it is mandated to create and which the providers consulted in this project have insisted is possible.

Setting Goals

The second stage in prioritization is setting goals. Goals and objectives are needed at the strategic level, at the program level and for individual projects and initiatives. At this stage, we are concerned with Strategic Goals.

By their nature, these are long term goals which will require sustained effort as well as innovative approaches. They are not goals which can be achieved in a few years. Based on our analysis of population health and health services in this project, we propose the following series of strategic goals for the LHIN to consider and incorporate into its planning and accountability structure:

- **Strategic Goal #1:** Improving the Health of the Population – That the Central LHIN health system (in collaboration with other sectors) raises the population health status of those groups with lower health status to the Ontario average.
- **Strategic Goal #2:** Meeting Current Service Needs – That service levels per population and sub-population be brought up to the provincial average for mental health, addictions, community supports for seniors (including CCAC), and primary care.
- **Strategic Goal #3:** Creating an Integration Infrastructure – That the Central LHIN performs within the top quartile on each of the system performance indicators established by the Ontario Health Quality Council and by provincial programs (e.g. Wait Times, Cancer, etc.).

The numbering of the goals does not reflect their relative importance. We believe that all three are critical.

Planning

With strategic goals established, the next step is to develop plans to achieve the goals. We would propose a new model for the LHIN based on regional programs and planning areas. While plans will be needed for all programs and Planning areas, we propose that the LHIN

begin by bringing the relevant stakeholders together to develop an approach and comprehensive plans that will work in its geography.

The LHIN working collaboratively with stakeholders should set the strategic goals and establish expectations, but, the providers, as the experts in the field, should develop the plans to achieve the goals and expectations. We propose in the Future Model section of this report that the LHIN restructure its current planning and consultation bodies along program and planning area lines.

The LHIN would need to determine the following:

- Which elements need to be common across the LHIN (e.g. characteristics of the core basket of services, standards, etc)?
- Which elements need to be tailored to specific planning areas?
- Does the Central LHIN have the capacity and competency to lead all elements of the Program Plan and/or specific projects or should it work with and through other sectors (municipalities, education, housing, public health etc)?
- Are there evidence-based leading practices to be used for design, or is there a need for the LHIN to support primary research studies in this area?
- What are the measures which should be used to monitor progress toward the goals, overall performance, and alignment with provincial and national standards and best practice?
- How can the service providers work more effectively together to ensure service integration in the Priority Planning Area(s)?
- What eHealth supports are needed for effective and efficient service?
- What are the specific human resource implications of the program plan and how will these be addressed?

Setting Project Priorities

When the goals of the LHIN are set and a high-level plan has been approved to achieve the goals in each priority program, the LHIN may call for, and the providers will propose specific services and projects within those plans. The following series of criteria are proposed to be used in a logical progression, to assess project priorities:

1. **Impact** – Which initiatives will have the greatest impact on health status and/or health services?
2. **Cost** – Based on economic analysis which initiatives have the greatest cost/benefit?
3. **Feasibility** – How feasible are the proposed initiatives?

Impact is the fundamental criteria for approving a new service or project. If there not enough reason to believe that it will have an impact on the goals and objectives within the strategic priority, no further analysis is necessary. The proposal needs to be abandoned or modified to incorporate elements for which there is some evidence of successful impact. The evidence of potential impact may come from past experience (well-documented), research literature, jurisdictional evidence of successful outcomes, etc. If there is no evidence of effective programs to achieve a LHIN objective, pilot projects may be attempted and evaluated to fill the gap in knowledge and evidence.

If there is reason to believe that a project will have a positive impact, the next step is to assess cost/benefit. With limited resources, the LHIN will want to use the most cost effective approach to achieve its objectives. Priority decisions cannot always assume additional new funds. In addition, there are often competing programs or solutions to the same health need.

The respective cost/benefit of the alternatives needs to be assessed to determine:

Opportunity Cost – By investing in one solution to achieve a benefit, the “opportunity” to invest in an alternative solution and its resulting benefit will be lost;

Marginal cost/Benefit – A “margin” in economic terms is the net added benefit or cost. (i.e., what is the additional cost and benefit of adding one more unit of service?); and

Total Investment Required (this can also be included in the “Feasibility” assessment described later).

Once the priorities have been narrowed to those which are anticipated to have a positive impact, and are the most cost effective, the feasibility of implementation must be determined on two dimensions:

- Short term feasibility of implementation; and
- Long-term sustainability.

Monitoring Progress

Once specific projects are selected based on the project prioritization above, a process for monitoring progress, and even halting projects if they are not demonstrating results anticipated, needs to be established.

A performance measurement system will need to be developed to monitor progress in meeting goals. This should be an incremental process in collaboration with health service providers. The selection of inappropriate measures can have negative consequences on the program that those expected to meet them. The Ontario Public Service provides a guide to help in the selection of performance measures. The characteristics which performance measures should exhibit include the following:

- **Attributable:** Does the measure reflect the contribution of resource centre activities to the achievement of program or core business objectives?
- **Outcome-oriented:** Does the measure address the effectiveness of the program or core business?
- **Comprehensive:** Does the measure in combination with other measures provide a complete performance picture?
- **Actionable:** Will the measure provide information needed to make decisions about the program or service?
- **Clear:** Is the measure clear and understandable?
- **Accurate:** Does the measure have clearly identified and reliable data sources?
- **Timely:** Can the data be collected, processed and distributed within a useful time frame?