



Executive Summary

Purpose of the Project

In 2006, the Central LHIN developed its first Integrated Health Services Plan. When viewed in the aggregate, the LHIN population appeared to be relatively healthy and well-served compared to other areas of the province. Since this did not match with providers' experiences with patients and their families, the LHIN engaged KPMG LLP (KPMG) and launched the Service Needs Assessment and Gap Analysis (SNAGA) project, in order to establish a detailed epidemiological understanding of the health service needs within the Central LHIN. With this information, the LHIN expects to strengthen its planning and direct its investments to meet the priority needs of the population identified. As a result, the objectives of this project were:

- To identify health service needs and complete a gap assessment to:
- Better understand existing gaps;
- Inform planning and funding activities for the next ten years;
- Provide an epidemiologically based framework of need for health services;
- Provide a database that can be refreshed on an ongoing basis;
- Provide a sound basis to guide planning for health service delivery in Central LHIN that accommodates growth, impact to health service human resources, efficient service delivery models and appropriate service levels;
- To identify integration priorities;
- To recommend implementation strategies for integration priorities based on KPMG's analysis; and,
- To align the health service needs and gap assessment.

For the purpose of this report, gaps have been defined in the following ways:

- Gaps in service levels to meet current demand and variations across planning areas;
- Gaps related to future population growth;
- Gaps in the core basket of service; and
- Gaps that exist between the current service delivery models and the vision for coordinated/integrated care.

Methodology

A variety of methodologies were used to complete the project.

Population health and health service data beyond that previously assembled by the LHIN were collected and analysed at the LHIN level, and in seven planning areas previously established by the LHIN. Several domain areas were selected early on to provide a basis in which to conduct some detailed data analysis and to use as a model for the remainder of the healthcare system. Six domains were selected that represent the greatest disease burden for the population and the greatest impact on the demand for health services. These six domains were selected based on several criteria, details of which are discussed in the approach and methodology section in the main body of the report. Some criteria used in the selection included the following: was identified as a priority by LHIN and MOHLTC; accounted for a significant volume of LHIN activity and was within the LHIN mandate.

This resulted in the following six domains selected:

- Cancer;
- Heart Disease;
- Chronic Disease;
- Mental Health and Addictions;
- Emergency Services; and
- Seniors.

Analyses across these six domains were only a starting point for the overall analysis. The resulting databases were then further analysed to pull out information on key areas such as children and youth, primary care, physician resources etc..

Stakeholders were involved in the project in several ways:

- An Advisory Committee with LHIN and provider members was assembled to guide the project. Advisory Committee members assisted in gathering data as well as provided insight on the data analysed as part of this project;
- Stakeholders were consulted early in the project to provide input and validate the approach and again later to participate in the analysis of the findings; and
- Analysis sessions with the stakeholders included visioning sessions for each of the health service domains and population health and health service integration sessions in each of the seven Planning Areas.

Health system literature and jurisdictions were reviewed to identify how other regional systems are responding to service needs and gaps. The jurisdictional review can be found in Appendix Q. The primary message that emerged from the jurisdictional review was the need for local service delivery integration that provides a base for self management and healthy lifestyle promotion primarily for chronic and long-term conditions.

An immense amount of data was collected. To develop a true picture of need and gaps the consulting team conducted analysis in several stages, and validated the data and the team's interpretations with knowledgeable stakeholders in the sessions described above. This document is KPMG's summary of both qualitative and quantitative data collected and analysed during the course of this project.

Priority areas of need and major system gaps were identified, along with a suggested future model for integration. Gaps in the currently available data were also identified, and recommendations were made to capture appropriate data over time as new information systems are developed. A key deliverable of this project has been the establishment of a Central LHIN database that can continue to evolve as a planning resource.

Findings: Population Needs

As noted above, the aggregate LHIN wide data masks significant variation in health status across the seven planning areas and in health services within specific domains. Profiles of the population and services in each planning area are included in the report.

The results of KPMG's analysis can be grouped into several broad categories:

- **Equity** – There are significant variations in health status across the seven planning areas, including populations with rates of health risks and illness higher than provincial averages and/or targets. Due to the prevalence of newly immigrant populations, the need for culturally-appropriate and multi-lingual services is evident across the LHIN, and this will

continue as the GTA remains the destination point for the largest percentage of immigrants to Canada. There is also a significant need to address the social determinants of health, particularly in the North York planning areas, where the incidence of poverty, single parent families, and social disparities is significantly higher than in other parts of the LHIN.

- **Growth** –The rates of population growth and aging in the Central LHIN are higher over the next 10 years compared to the provincial average. With aging come higher rates of cancer, heart disease and other chronic diseases, as well as a need to address services for seniors, balancing long term care facilities with programs to promote independent living; building on the Aging at Home Strategy. In 10 years Central LHIN will have the highest number of seniors in Ontario.
- **Current Service Levels** – In addition to future requirements, needs for some services required by the LHIN population are not being met today, most significantly in mental health and primary care.
- **Integration and Quality** – Providers reported variations in access, coordination, efficiency and quality of health services in each domain and planning area based on limited integration across providers, services and levels of care. Many providers recommended that service investments be conditional on addressing this integration need. The analysis supported the creation of an integration infrastructure comprised of cross-LHIN programs to plan services combined with local service coordination networks to deliver services at the planning area level would be most appropriate. Since the domains are not mutually exclusive, and any integration decisions needs to account for this overlap (e.g., seniors, chronic disease, mental health), the LHIN and its providers will need to determine the optimal mechanisms for integration.
- **Continuous need for improved information** – The challenges of this project in sourcing and collecting relevant data highlighted the limitations in the information currently available. This project has created a database that the LHIN will continue to update and evolve to enable population health planning. The LHIN and providers will use population and service data at three levels. At the macro level, the LHIN will use the data to identify current health needs and drivers of future demand for health services, across the LHIN and in each Planning Area. At the program level, the LHIN and the providers will use the data to design regional programs (e.g., diabetes, cancer, etc). Providers will also use the data on their own service populations (e.g. language, location, etc) to customize services to make them more effective and to evaluate their effectiveness.

Setting Priorities

Setting priorities is a process of making choices in the context of provincial government policy, epidemiological data, evidence from the field, and the LHIN's values such as equity. A Prioritization Framework was developed by KPMG and could be used by the Central LHIN board and staff to recommend priorities for the LHIN from KPMG's findings of this project. While a full range of health services will continue to be delivered in the LHIN, priorities would need to be established to guide investment of undesignated resources, focus LHIN efforts on what to address first, and ensure that allocation of resources most effectively meets the LHIN's goals.

To meet its mandate, the LHIN will likely need to address service gaps as well as the disparity in the health status of the population identified in this report. There will also be a need to invest in integration infrastructure, if the LHIN is to make progress on these two area and achieve the

integrated health system it is mandated to create and which the providers have insisted is necessary and possible.

By establishing specific investment goals and outcome targets for improvement in the health of the population, the LHIN Board can perform its role in guiding future planning. Once investment allocations are determined for each goal, Programs and Planning Area Service Networks may propose projects/programs within each of the categories. Projects within the categories will be evaluated based on criteria and ranked to determine which will be funded, using criteria such as:

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

Model for the Future

The findings from the literature review and jurisdictional best practices show the value of incorporating comprehensive population-based planning, and program management into the Central LHIN model. This has been happening at the provincial level in Ontario but less so at the regional LHIN level. Cancer Care Ontario is a long standing example of a provincial model which has incorporated population planning and program management. It is currently strengthening its standard-setting and quality assurance role. Diabetes is a more recent provincial program example that is just beginning to be established.

KPMG believes the need is equally great for comprehensive ongoing population-based planning and program management at the LHIN level. Population-based planning uses population data in increasing levels of detail both to identify health needs and to deliver and evaluate services. Population information is collected and analyzed at a sufficient level of detail for each of the LHIN's purposes, and applied across the continuum of care to support integrated service delivery.

A comprehensive regional program for each health service domain could address current gaps by developing an equitable access mechanism(s) to the domain's services, and coordination agreements across providers (protocols, etc) including those outside the Central LHIN. Program management structures (regional programs) would be accountable for efficient use of technology and other resources, appropriate use of human resources, application of best practices and measurement of quality.

At the local planning level there is a need to focus on coordinating service delivery, particularly for primary care and community programming. The formation of local service delivery coordination networks could empower providers to work together. They would require supporting tools such as electronic information on clients, enhanced referral systems, improved case management and structures to foster effective inter-professional practice. It would be beneficial if role of the local service delivery networks were to implement common standards and protocols developed at the regional program level.

In the proposed new model, the LHIN and the Regional Programs would use population-based data to identify those most in need of service, and to customize service delivery to effectively reach each population segment. The research literature and international standards could be

used to determine the most appropriate and effective service, the most appropriate provider and the quality. They could manage, monitor and continuously improve the services according to the system performance standards of the Ontario Health Quality Council through formal agreements among the providers and funding mechanisms.

Based on the data available and the evidence analysed for Central LHIN in this report, the LHIN in collaboration with its health service providers, could assess the best method for moving forward. The following is a suggested staging of these initiatives, but the actual details of which would have to be determined in collaboration with the LHIN and Health Service Providers.

Suggested Staging and Next Steps

The Central LHIN should consider developing a multi-phase approach to moving forward with implementation of the new model in collaboration with health service providers. The following provides an example of possible phasing and timelines.

