

Health System Structural Reform: Advancing Health System Integration

Will you support expansion of the *Local Health System Integration Act* to include public health, all primary care models, and home-care organizations?

Will you support transitioning the 3,500 care co-ordinators currently working in CCACs into primary care?

The growing maturity of Local Health Integration Networks (LHINs) and the primary care sector demands a rethinking of our health system. RNAO's *Enhancing Community Care for Ontarians* (ECCO) model calls for LHINs to assume funding and planning responsibility for all sectors, including public health, home-care organizations and primary care.¹ This will allow LHINs to do whole system planning and advance person-centred care within their respective regions. Expanding the role of the LHINs to include planning and funding will decrease duplication and advance health system integration. Furthermore, if public dollars are being paid to organizations providing home care, they should be publicly accountable. This cannot happen when private organizations whose underlying goal will always be profits are competing for home care contracts. This strengthens the rationale for having LHINs assume more responsibility for home care. This was the message that RNAO provided to the Legislature's Standing Committee on Social Policy when reviewing the *Local Health System Integration Act*² and the Ministry of Health and Long-Term Care's Home and Community Care Expert Panel.³

The ECCO model proposes to anchor the system in primary care, charging this sector with care co-ordination and health system navigation for all Ontarians, including the referral for home health-care and support services. Current registered nurse (RN) care co-ordinators working within CCACs would transition to the primary care setting and contribute their high level of expertise and system knowledge to provide dedicated care co-ordination and health system navigation to Ontarians with the most complex care needs. The remaining population, with varying degrees of complexity across the lifespan, will receive care co-ordination from a combination of existing primary care RNs, non-RN care co-ordinators and other qualified primary care providers.

The ECCO model maintains the current salary and benefits of CCAC care co-ordinators, using the current funding envelope available, as direct employees of primary care organizations. The model will strengthen the ability of these professionals to effectively lead care co-ordination and system navigation, with an intense knowledge of their clients from "womb to tomb," without being burdened by the overwhelming administrative tasks that are a foundation of their current role in CCACs. The ECCO model eliminates the need for Community Care Access Centres (CCACs); and assumes expertise of home health-care and support service providers and their individual and collective commitment to clients and the health system. The model leverages these strengths to advance person centred care and empower a greater sense of professional autonomy and accountability in the planning and delivery of service to Ontarians, ensuring optimal client/family/provider engagement, service satisfaction, and provider accountability.

References:

¹ Enhancing community care for Ontarians - A three year plan V2.0 (April 2014). *Registered Nurses' Association of Ontario*. Retrieved from: http://rnao.ca/sites/rnao-ca/files/RNAO_ECCO_2_0.pdf

² Submission to the standing committee on social policy – review of the *Local Health System Integration Act* (January 2014). *Registered Nurses' Association of Ontario*. Retrieved from: http://rnao.ca/sites/rnao-ca/files/RNAO_Submission_LHSIA_Review-.pdf

³ Submission to the home and community care expert group (October 2014). Retrieved from: <http://rnao.ca/policy/submissions/submission-home-and-community-care-review-expert-group>