

Health System Structural Reform

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

Given the growing maturity of Local Health Integration Networks (LHINs) and the primary care sector, the time has come to fully advance health system integration and eliminate unnecessary duplication. Our *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 enable LHINs to achieve whole system regional planning and advance person-centred care across the continuum. 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

The ECCO model proposes that primary care organizations will provide complete care co-ordination and health system navigation for all Ontarians by 2015, including the referral for home health-care and support services, thus eliminating the need for Community Care Access Centres (CCACs). 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 across the care continuum, 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 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 empower a greater sense of professional autonomy in the planning and delivery of service to Ontarians, ensuring optimal client/family/provider engagement, service satisfaction, and provider accountability.

The ECCO model also calls for LHINs to assume the funding and planning functions for home care and support services that are currently within CCACs.

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