

dialogue

March 15, 2007

A bi-weekly update on issues affecting health care in Ontario

LHINs run from controversy as transition date approaches

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April 1st the 14 Local Health Integration Networks take on responsibility for funding, planning and integrating the health system. Dubbed T-day ('T' for transition), the ministry's regional offices will also wind down, transferring information, records and even public calls.

Early indications would suggest that the LHINs are quick to run from controversy. March 12 the North Simcoe Muskoka LHIN sent their regrets to a packed town hall meeting in Bracebridge, indicating proposed cuts to the local labs were a hospital matter. This is despite a LHIN-based task force that has already submitted an interim regional lab business plan to the ministry of health. During the meeting, a resident raised the fact that the LHIN spent more on furniture for its Orillia office than the deficits of the hospitals making up Muskoka Algonquin Healthcare.

Last fall the Stevenson Memorial Hospital in Alliston announced its plans to end birthing at the hospital, sending new mothers south to Newmarket. While the community rallied to save the service, the LHIN claimed they had no powers to intervene. A few weeks earlier they had posted an integrated health service plan that called for a rural strategy to ensure equitable access to services. While the shift in service fits the definition of an integration, there is the suggestion that this may not be treated as such by the Central LHIN when they do get their full powers in April.

In Durham, the Central East LHIN fudged their response to cuts demanded by the ministry of health to Lakeridge

Health. In a prepared statement, LHIN CEO Marilyn Emery said "there will be no reduction in mental health and addiction services within the Central East LHIN and in particular, there will be no reduction in children's mental health services." As clear as that statement appeared to be, the LHIN "communications lead" said it was too early to speculate about wait times or how far families will have to go to find similar services.

The province will officially transfer more than \$20 billion in funding to be distributed by the 14 LHINs, but most of the funding decisions have already been made by the ministry of health. The hospitals were told last year what their funding arrangements would be for the next three years. The Community Care Access Centres have their own committee to work with the ministry on a funding formula. Long term care funding will be dictated by Bill 140 and any regulation establishing staffing and service standards.

Asked what funding decisions the LHINs will actually be making, several LHIN CEOs and board chairs told OPSEU that they are hoping for 1 to 2 per cent of the region's health budget for LHIN-based projects.

The South West LHIN gave an early preview of what these funding decisions may look like. February 19 – a month and a half before getting funding powers – the LHIN announced that it was giving \$154,300 to pay for more case managers at the CCAC. These case managers would assess and divert hospital patients to more "appropriate community services."

There was no matching announcement to suggest these "appropriate community services" would also receive funding to handle new volumes.

Last October the LHINs released their integrated health service plans to the public. Ambitious as these plans may appear to be, the LHINs are quick to point out they don't deal with issues of policy.

With funding issues mostly decided, and policy issues outside their mandate, how LHINs will integrate, or rationalize, the health care system is an open question.

To date, the LHINs appear to be placing their trust in the province to negotiate a tripartite agreement between labour, health care employer organizations and the ministry. The LHINs should be aware that it will be difficult to implement any integration decisions without agreement on human resources adjustment plans. The alternative is endless litigation and labour chaos.

Hospitals presently are trimming their budgets to comply with accountability agreements signed with the province. Resulting battles are already shaping up across the province. This week's meeting of the tripartite provincial forum suggests that the government is going to have to exert some pressure on health care providers to negotiate a deal. In addition, the government and LHINs need to assure employers that the necessary funding will be provided to protect workers affected by these transitions. As the former Health Restructuring Commission proved, change can be expensive and employers need help to make sure that it is done humanely.