January 18, 2016

Honourable Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON  M7A 2C4

delivered via e-mail

Dear Minister Hoskins,

Re.: Patients First – A Proposal to Strengthen Patient-Centred Health Care in Ontario

On behalf of the 15,000 patients and families who receive quality home and community care each day across Northeastern Ontario, and the experienced volunteer Board Directors who provide dedicated, effective governance to the North East CCAC team, I respectfully submit this letter in response to the Ministry’s discussion paper – Patients First, A Proposal to Strengthen Patient-Centred Health Care in Ontario.

This letter is a precursor to our formal submission, which will follow within a few weeks.

The North East CCAC Board is experienced in, and supportive of innovation that brings health partners together, integrating services and programs which improve the patient experience. In fact our Strategic Plan has, for the past four years, included “Lead system transformation”. Your proposal is an ambitious plan aimed at creating a much stronger and more comprehensive health care system with a single point of accountability for primary, home and community care, as well as public health. On this system change initiative, we are in agreement. Maintaining the stability of our workforce and patient care services through the lengthy interim period and implementation of the new governance structure is now the top priority for the North East CCAC.
As Board Chair I would be remiss, however, if I did not express our dismay and concern for our patients, in the decision to dissolve our current governance model. I am very proud of the 11 Directors who currently make up the North East CCAC Board and the role that they and past Directors have played, some for as long as ten years, in the transformation and delivery of home and community care in our vast region. They remain strong advocates for the thousands of patients and families they represent, not only in their home communities but across Northeastern Ontario.

The following are some key highlights and accomplishments developed over the past 10 years by our Board of Directors;

- A Quality Approach Governance model specifically conceived to engage patients and ensure patient care programs are sensitive to the needs of all patients living in the largest and most complex geography in Ontario;
- A wide-ranging set of policies and procedures to ensure we meet the needs of our francophone and aboriginal diverse communities across the North East. It is paramount that we all appreciate, understand and continue to respect the cultural differences of both these unique populations;
- Strong policies and procedures to provide strategic direction to the organization, in alignment with North East LHIN and MOHLTC guidelines;
- Effective quality assurance processes for monitoring and improving performance, including reporting structures and schedules;
- An Ethical Decision-Making Framework and;
- A comprehensive Risk Management Framework, focusing on all aspects of the organization’s work.

These achievements were recognized by Accreditation Canada in our most recent Qmentum Accreditation Survey in which our CCAC surpassed the requirements of the accreditation program and received a 98.9% compliance rate on standards and criteria related to quality patient care. The Board’s Quality Approach Governance model, adopted in 2012, was highlighted by Accreditation Canada for its innovation and effectiveness.

Lead Qmentum Surveyor Joan Whelan commended our CCAC’s “commitment to providing safe and ethical care to patients in the North,” and noted, "It can be said that patients / clients, partners and many others met during the on-site survey are more than pleased with the work done by the North East CCAC. This includes the collaboration of and success at the many approaches to integrated care that are in place, and having done much with little."
It is our view that the Local Health Integration Networks in their current form, do not have a governance structure with North East CCAC’s experience and capacity for continuous patient service and local engagement. Our patients are best served by a governance model at the transformed North East LHIN level, which will include the expertise and experience of North East CCAC Board Directors, ensuring effective governance and oversight of quality home and community care. We recommend therefore, a transition board be created composed of present North East CCAC directors and LHIN directors. The composition of a final board, to be enshrined in legislation, might best be a hybrid, skills-based board composed of ½ directors appointed by OIC and ½ community directors elected by the members - as the CCAC directors have been.

We also recommend the establishment of a standing Patient Services Committee, as well as a Patient Advisory Council which would provide guidance to the newly integrated home and community care sector.

In our 2016 Strategic Planning session, the North East CCAC Board determined two Strategic Directions to ensure quality patient services from our organization over the next three years:

- To coordinate and deliver patient-centered home and community care
- To influence/lead partners in system transformation.

Clearly, these Strategic Directions align precisely with the Patients First proposal.

Throughout this transition phase, the Board and the 650+ dedicated North East CCAC employees will continue their efforts to integrate community support services for low needs patients, utilize technology to improve communication between acute care venues and the community, encourage eligible patients to consider self-managed care and define a core basket of services available to all patients regardless of their location in Northeastern Ontario. Our team has a robust and deep understanding of the organizational efforts needed to deliver this level of care to the 15,000 urban/rural/remote patients we currently serve.

We are hopeful that issues particular to our northern communities’ and patients’ poor health status within the province will finally be addressed through solutions that contribute to positive health outcomes for all. While different system structure models will be discussed and debated over the next few months, our main concern now, and in the months to come, remains our patients. North East CCAC care coordinators and service
providers are committed to delivering home care and community services without interruption, to patients and their families across our vast region.

We are in the process of developing a more detailed response to the many questions posed in your proposal pertaining to integration of primary care and public health. In that regard, we already have significant partnerships as well as integration of our staff in hospitals, Family Health Teams and many other venues through our decentralized structure, which may offer a starting point to the comprehensive integration you propose. The new, larger structure may also offer heretofore impossible opportunities to leverage our existing technology for single patient records and much greater efficiency.

We look forward to being at the table, working with the MOHLTC, the North East LHIN, our patients and our partners, in this transformation initiative, together creating a stronger, more integrated health care system that will truly put patients first. I would be pleased to clarify any of our recommendations should you wish to contact me directly at any of the contacts below.

Respectfully submitted,

Ron
R.M.(Ron) Farrell
Chair, Board of Directors
North East Community Care Access Centre/
Centre d'accès aux soins communautaires du Nord-Est
www.ne.ccac-ont.ca
Connecting you with care
Votre lien aux soins
705-522-3460 x 4487
Email: Ronald.farrell@sympatico.ca
705-493-0599 (cell)

cc Dr. Bob Bell, Deputy Minister
Nancy Naylor, Associate Deputy Minister, Delivery and Implementation
Danielle Bélanger-Corbin, Board Chair, North East Local Health Integration Network
MPPs North East