

Changing the Face of the Health Care System: Local Health Integration Networks (LHINs)

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You've probably heard that the Ontario health care system is undergoing some changes in an effort to improve the health of Ontarians, decrease wait times, and improve access to patient care (as is the stated objective of most government policies). Under the current system, doctors bill OHIP for services, and each hospital, community health agency, psychiatric hospital, and community care access centre (CCAC) receives funding from the Ontario Ministry of Health and Long Term Care (MOHLTC). A pitfall to the current system is that there does not exist an entity overseeing the delivery of health in the community; this could lead to a barrier to accessing comprehensive health care services. In order to address this problem, the MOHLTC is proposing the implementation of Local Health Integration Networks (LHINs).

Before I go into why LHINs are a good (or bad) idea, let me introduce a simple analogy to help you understand the concept of a LHIN: think of the current health care system as one very large teacher (the government) looking after 216 children (hospitals) at recess. Chaos, right? Now let's introduce 14 hall monitors (LHINs) to look after 28 children each and report back to the teacher if they misbehave. The net result is a more manageable population, better control over the system, and fewer injuries (scraped knees, inefficient allocation of funds, etc.). In theory, this seems like a good idea, but what if the hall monitors do not report accurately to the teacher, or what if they misbehave themselves?

What does the MOHLTC say about LHINs?

"The Local Health System Integration Act 2006, passed on March 1, 2006 gives the 14 Local Health Integration Networks (LHINs) the tools they need for planning, integrating, and funding health care in their communities. LHINs would allow local communities and health care providers to work together to identify local priorities, plan local health services, and deliver them in a more co-ordinated manner. LHINs would concentrate on managing the local delivery of quality health care more effectively in each community, focusing on patients' needs and making it easier for patients to access the care they need. The LHINs will not provide services directly, but rather, will have the responsibility to integrate services, in a specific geographic area, for the following providers:

- Hospitals
- Community Care Access Centre (CCACs)
- Community Support Service Organizations
- Community Mental Health and Addictions Agencies
- Community Health Centres (CHCs)
- Long-Term Care Homes
- Divested psychiatric hospitals

The Ministry of Health and Long-Term Care will contin-

ue to set strategic directions and provincial standards for high quality, accessible health care and have the responsibility for the following providers:

- Physicians
- Public Health
- Ambulance services (emergency and non-emergency)
- Laboratories
- Provincial drug programs¹

What the MOHLTC is Not Explicitly Saying

At this point, I would like to draw your attention to the following statement from the LHIN website:

"LHINs are operating as not-for profit organizations governed by boards of directors who were appointed by the province after a rigorous skill and merit-based selection process. Each LHIN will have nine board members. The board of directors will be responsible for the management and control of the affairs of the LHIN and will be the key point of interaction with the ministry. CEOs were selected after an extensive search and selection process. They will report directly to the LHIN boards."¹

As much faith as I have in the 'transparency, accountability, and efficiency' of any democratic government, I am not comforted by the preceding statement. I agree that LHINs sound like a great idea at face value. By allowing communities to increase control over the direction of their health care dollar, the potential for inefficiency at the community health provision level decreases. But what exactly is this rigorous selection process by which the LHIN board members are selected? If we profess to living in a democratic society, why are the board members themselves appointed as opposed to elected by the patient population? After all, in the words of the MOHLTC, "we're all in this together [...] the health care system belongs to the people of Ontario; they're the ones who depend on it and pay for it. LHINs will, for the first time, involve Ontarians in the health care conversation, giving them a chance to participate in the decisions about the health care system in their communities."² Appointing a governing body without input from the citizenry makes one wonder to what degree Ontarians are really going to be involved in their health care decisions.

Another potential pitfall of LHINs is that these CEOs and board members will presumably need to be paid. Furthermore, introducing another layer of governance will be costly in terms of administration (at the very least). The MOHLTC offers the following answer, which essentially states that any costs to implementing the LHINs will be offset by savings from increased spending efficiency (also recall that LHINs are 'non-profit').

"Are LHINs an expensive and additional level of bureaucracy? Shouldn't we spend more energy on increasing the

numbers of doctors and nurses? LHINs are an important vehicle that will be responsible for creating a true health care system at the local level. One that can assess the health needs of the community and resource these needs better - including providing advice about the numbers of doctors and nurses. LHINs are intended to change the silo and fragmented approach to health service delivery and create an integrated and coordinated local health care system. LHINs are expected to reduce duplication, not increase it."³


If the above statement actually gave any concrete information, it would be highly reassuring. In truth, I have absolutely no doubt that having a smaller governing body looking after the health needs of the community will increase efficiency of spending. It is the supply side that does not have my full confidence. I would like to know who determines the salaries of the CEOs and board members and ensures that the LHINs actually remain as 'non-profit' organizations. Even if the official costs are less than the savings, I would like some reassurance that the true costs will be like the official ones. If not, I wonder if the additional funding that would be spent on new board room tables and desks for the CEOs would not be better directed towards more hospital beds or new OR

equipment.

Essentially, the major pitfall of LHIN implementation is that we as an electorate have already identified clear shortcomings in our health care systems (e.g., lengthy waiting lists, bed and equipment shortages, and doctor shortages). Should we not address those problems first? Perhaps that is a question best addressed by a democratic vote, not a 'rigorous and merit based' government appointment. Or perhaps LHINs will be the answer that will revive our ailing health care system. Only time will tell ...

References

1. Highlights of the Local Health System Integration Act, 2006 [homepage on the Internet]. Toronto: Queen's Printer for Ontario; c2006 [updated 2006 Oct 16]. Local Health Integrated Networks; [about 3 screens]. Available from: <http://www.lhins.on.ca/english/main/LHSIAct.asp>.
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3. Frequently Asked Questions [homepage on the Internet]. Toronto: Queen's Printer for Ontario; c2006 [updated 2006 Oct 16]. Local Health Integrated Networks; [about 1 screen]. Available from: <http://www.lhins.on.ca/english/main/faq.asp>.



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