

Commentary

Integrating Health Services: The View from Montreal

David Levine

It is encouraging to see that the first phase of planning by the LHINs has been done with a lot of enthusiasm and collaboration. The task of integrating healthcare services is not an easy one, and it is made more complicated in Ontario as the key areas that must be well interconnected lie outside the mandate of the LHINs. This being said, I will try to add value to the present article by referring to the integrated planning that is being carried out by the Health and Social Agencies in Quebec.

There is a vision of the way health services should be provided... and it has become a strong unifying force for the region.

One action taken in the Montreal Agency was to set up a Network Management Committee (NMC) including the CEOs of the local networks. This committee meets every two weeks for a morning to deal with issues of managing and planning the integration of services. Subcommittees have been set up to look at the issues of accessibility, continuity and population health. Meeting this regularly, with 100% attendance, under the leadership and animation of the agency, has been a team-building experience and has resulted in a very strong regional commitment by each of the CEOs.

A common vision has been put forward by the NMC focused on a

population-based model of managed care. This is a vision of the way health services should be provided and the role of each of the providers and the inter-connections between them. All activity is based on this common vision, and it has become a strong unifying force for the region. Primary healthcare is the foundation of the vision, and it is essential for the LHINs to be able to include primary care and the health units into their planning process.

The role of animation and leadership must be prominent; though there is no direct management authority of the LHINs or the Montreal Agency over the institutions in their region, there is clearly a need for strong regional leadership to coordinate and integrate services. This leadership requires direct contact with the LHINs and the boards in their region. Each board must be able embrace the common vision and then question its own activities to see if the vision is being applied.

Management and performance contracts between the regional agency and each institution are needed to set

targets, measure performance and determine the strategy to implement the regional vision of care. The nature and content of the contracts, the indicators to be used and the targets to be achieved must be agreed upon by all the players so that the contracts become a tool to help implement the vision.

Population-based managed care has been demonstrated as the most successful approach to date, and the setting up of primary care multidisciplinary teams to provide coverage to a registered population is the key. Corridors of service between primary and more complex care must be defined to ensure accessibility and continuity of services.

A clear vision emerging from the LHINs' planning process is the key ingredient to achieving the goal of providing accessible, continuous, high-quality care to the population we serve.

About the Author

David Levine is President and Executive Director, Health and Social Services of Montreal.

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