

Patient-centred health care

EDITORIAL

IT WILL PROBABLY BE some time before Ontario residents will have a good handle on the success or failure of the latest overhaul of health-care administration.

Many years ago, the administration was in the hands of the provincial Ministry of Health, but in a province so large it became obvious that there was a need for regional agencies so key decisions could be made closer to home. The result was the creation of Local Health Integration Networks (LHINs) that were to plan, integrate and fund local health care, improving access and patient experience.

The problem was that while the LHINs did bring many aspects of health care closer to those needing the care, the LHIN jurisdictions didn't match political boundaries and they didn't supplant many agencies in the health-care field.

Locally, Dufferin County, while joined with Caledon in terms of federal and provincial boundaries, was just a small part of the Central West LHIN, which extended into a part of Toronto. And when it came to public health, the Province had long ago merged Dufferin's public health unit with those in Wellington and Guelph.

Meanwhile, ambulance services remained at the county or regional level, with Dufferin's becoming one of the first to be staffed with well-trained paramedics, and we had province-wide agencies in Cancer Care Ontario, eHealth Ontario, Health Force Ontario, Health Shared Services Ontario, Health Quality Ontario and Trillium Gift of Life Network.

The current plan of Premier Doug Ford and his Progressive Conservative government is to scrap all the LHINs and agencies and have a single provincial agency called Ontario Health plus local agencies called Ontario Health Teams.

But at present all we seem to have is an Ontario Health Board of Directors and applications from collaborative groups in the health field to become Ontario Health Teams (OHTs), with the local Hills of Headwaters Collaborative hoping to become one of the first appointed.

The main stated objective of the current overhaul is to provide "patient-centred health care." But some will see the result being merely a return to all the important decisions being made at Queen's Park.

In inviting applications from would-be OHTs, the Ministry of Health and Long-Term Care's website asks "providers across the full continuum of care to come together and demonstrate their readiness to become ... groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population."

It also promises "an assessment process to enable all Ontario's health providers to improve readiness and eventually become an Ontario Health Team" and says the goal "is for all health services providers to eventually join or become Ontario Health Teams."

One thing that's not clear yet is whether all the OHTs will be similar in size or whether their jurisdictions will follow established political boundaries.

But of greater concern to us is the apparent failure to deal with one important barrier to patient-centred care, namely a tradition which requires thousands of patients to travel to Toronto hospitals for forms of care that could be provided in local hospitals.

For example, in Dufferin County any cancer patient of a local doctor who is referred to a Toronto specialist now must travel to Toronto for chemotherapy that can be provided just as well and under the same instructions at Headwaters Health Care Centre. Something that could be done locally in a couple of hours requires a full day of harrowing travel.

Similarly, while radiation services and MRIs aren't yet available locally, they can be provided at Brampton Civic or Newmarket's South-lake hospital, each of which can be reached from Orangeville in about 40 minutes.

As we see it, Toronto specialists should be required to offer their patients an opportunity to have their chemotherapy, radiation or CT scans done somewhere closer to home.

Although that would likely require legislation and elimination of a requirement that the specialist have privileges in the local hospital, it's surely an element of patient-centred care that's desperately needed.