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# COFFEE TALK A HEALTH INDUSTRY SEMINAR SERIES

## Transitions in Care: Collaborating Across the Care Continuum

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# AGENDA

1. Patients First Act
2. Regional Integration Landscape
3. Integration Risk Management
4. Regulatory Considerations
5. Privacy and Information Sharing



## PATIENTS FIRST ACT

- The *Patients First Act, 2016* is part of the government's ongoing work under the Patients First: Action Plan for Health Care to create a more patient centered health care system in Ontario
- On December 8, 2016, the Patients First Act received Royal Assent



# PATIENTS FIRST ACT

- The Patients First Act:
  - Establishes LHIN sub-regions as the focal point for integrated service planning and delivery
  - Gives Local Health Integration Networks (LHINs) an expanded mandate for primary care planning and performance improvement
  - Transfers responsibility for service management and delivery of home and community care from Community Care Access Centres to the LHINs



# PATIENTS FIRST ACT

- The Patients First Act:

- Gives the LHINs powers to investigate/supervise health service providers and negotiate Service Accountability Agreements
- Ensures patient medical information continues to be confidential and secure
- Ensures high-quality patient care is provided consistently across Ontario by having the province's health quality advisor (Health Quality Ontario) work with experts to recommend clinical care standards



# REGIONAL INTEGRATION LANDSCAPE

- What is Integration?
- Types of Integration
- Integration Spectrum
- Service Integration Stakeholders



## WHAT IS INTEGRATION?

- *Local Health System Integration Act, 2006*
- LHSIA calls for identification of integration opportunities

**s.24** “Each LHIN and each HSP shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services.”



## WHAT IS INTEGRATION?

- Under LHSIA “Service” Means:
  - Services or programs provided directly to people
  - Services that support such a service or program
  - A function that supports the operations of a person or entity that provides a service or program





## WHAT IS INTEGRATION?

- Under LHSIA “Integrate” includes:
  - To coordinate services and interactions
  - To partner in providing services or in operating
  - To transfer, merge or amalgamate services, operations, persons or entities
  - To start or cease providing services
  - To cease to operate, dissolve or wind up operations



## TYPES OF INTEGRATION

- Voluntary Integration
- Directed Integration
  - LHIN Integration Decision
  - Minister Integration Order



# INTEGRATION SPECTRUM

- Integration can take many forms
- Examples:
  - Service co-ordination
  - Pursuit of joint initiatives
  - Consolidating administrative functions
  - Shared management
  - Corporate merger



# INTEGRATION SPECTRUM





## SERVICE INTEGRATION STAKEHOLDERS

- Lead/Host agency
  - One organization may be identified as the lead/host agency of regional initiative by the LHIN and/or the group
  - Enhanced administrative, operational, financial and/or legal responsibilities
  - Consider scope of authority and liability



## SERVICE INTEGRATION STAKEHOLDERS

- Participant/ Service Provider
  - Very different roles depending on:
    - Contributions of each participant
    - Collaboration governance and decision-making
    - Relationship with lead organization, if any
  - Always responsible for own site



# INTEGRATION RISK MANAGEMENT

- External due diligence on potential partners
- Ensure appropriate contractual agreements in place to:
  - Provide clarity on roles and responsibilities
  - Allocate risk and liability
  - Establish standards and expectations

# INTEGRATION RISK MANAGEMENT

- Internal review required of:
  - Flow of funding and obligations
  - Regulatory restrictions
  - Privacy and data-sharing arrangements
  - Labour/employment implications
  - Corporate governance and collaboration decision-making
  - Allocation of accountability and liability





## REGULATORY CONSIDERATIONS

- From a corporate risk and liability perspective, need to consider early in process
  - Ensure that compliance with legislative requirements can be achieved
  - GO / NO GO decision
  - Structure of integration initiative



# REGULATORY CONSIDERATIONS

- Are there any regulatory red flags?
  - Are there any legislative or policy barriers to proceeding with proposed integration?
  - How does this impact on the structure of the proposed integration and available options?
  - Will integration trigger any legislative processes (i.e. PSLRTA) or Minister / LHIN approvals?
  - Does proposed integration align with LHIN objectives? Is it suitable to structure as a pilot project (proof of concept) or research initiative?



## REGULATORY CONSIDERATIONS - EXAMPLES

- Certain roles and functions may be prescribed by statute (i.e. placement coordinator)
- Obligations may depend on status of the patient and who delivers the services (i.e. registered as a patient under the PHA)
- Ability to charge for services / funding restrictions

# PRIVACY AND INFORMATION SHARING

- Privacy and information sharing is a key component of any proposed integration initiative
  - Sharing of personal health information (PHI) for the purposes of health care or assisting in the provision of health care
  - Roles and responsibilities under PHIPA key to how integration can be structured (i.e. HICs, non-HICs, HINP)
  - Consider if there are existing information sharing arrangements/agreements that may be impacted



# PRIVACY AND INFORMATION SHARING

- Ensure that information sharing is supported in agreements
  - Independent record keeping
  - Access
    - Permitting a HIC or non-HIC access to PHI for a specific purpose
    - Any time a vendor/supplier/third party will have access to PHI
  - Datasharing
    - Sharing PHI among more than one HIC (or combination of HICs and non-HICs)
    - Shared EHRs, community/regional/provincial initiatives
  - In FHT environment – access and sharing of PHI where more than one HIC



## PRIVACY AND INFORMATION SHARING

- Restrictions on how PHI may be shared if for other purposes (i.e. quality of care, planning, research)
- Use of (de-identified) information for evaluation purposes and performance metrics



# PRIVACY AND INFORMATION SHARING

- Information sharing may be the basis for the integration or initiative, particularly when dealing with transitions across the care continuum
  - Create seamless experience for the patient/resident/client
  - Focus on systems coordination
  - Facilitate the ability of stakeholders to work together, recognizing their independent roles and responsibilities

# PRIVACY AND INFORMATION SHARING

- Program specific - Health Links, BSO
- Discharge planning
- Multi-sectoral risk intervention
- Central access
- Child protection
- Mental health
- Working with external stakeholders – i.e. police, EMS, child and family services, community and social service agencies





## RISK MANAGEMENT CONSIDERATIONS

- One size does not fit all – need to undertake PIA / TRA and identify purposes
- Understand applicable privacy requirements (i.e. FIPPA, MFIPPA, PHIPA, YCJA, MHA); other governing legislation
  - legislation must support initiative and drive roles and responsibilities, structure, consent requirements, etc.



## RISK MANAGEMENT CONSIDERATIONS

- Due diligence – ensuring that appropriate assessments have been undertaken
- Ensuring supported by appropriate agreements i.e. confidentiality agreement, joint protocol, memorandum of agreement, collaboration agreement, consent forms



## Questions?

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