COFFEE TALK
A HEALTH INDUSTRY SEMINAR SERIES

Transitions in Care: Collaborating Across the Care Continuum

Karima Kanani
kkanani@millerthomson.com
416.595.7908

Kathryn Frellick
kfrelick@millerthomson.com
416.595.2979
AGENDA

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

Operational  Management  Governance  Corporate
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:
    o Contributions of each participant
    o Collaboration governance and decision-making
    o 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
• 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?

Karima Kanani
kkanani@millerthomson.com
416.595.7908

Kathryn Frelick
kfrelick@millerthomson.com
416.595.2979