
Physician Engagement Workshop

***Sponsored by the Ontario Medical Association
and the Markham Stouffville Hospital Corporation***

Workshop Summary



Prepared by



TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Participants	1
Objectives	2
Opening Remarks	2
II. UNDERSTANDING INTERDEPENDENCIES	3
Potential Impact on Physicians/Hospital	3
Potential Impact on LHIN	5
Potential Impact on Patients	6
III. UNDERSTANDING THE LHIN	8
LHIN Role	8
Funding	9
Key Issues	10
IV. ENGAGING IN AN EFFECTIVE PARTNERSHIP	11
Purpose	11
Principles	12
Mechanisms	14
V. NEXT STEPS	15
APPENDIX	
A. List of Participants	A – 1

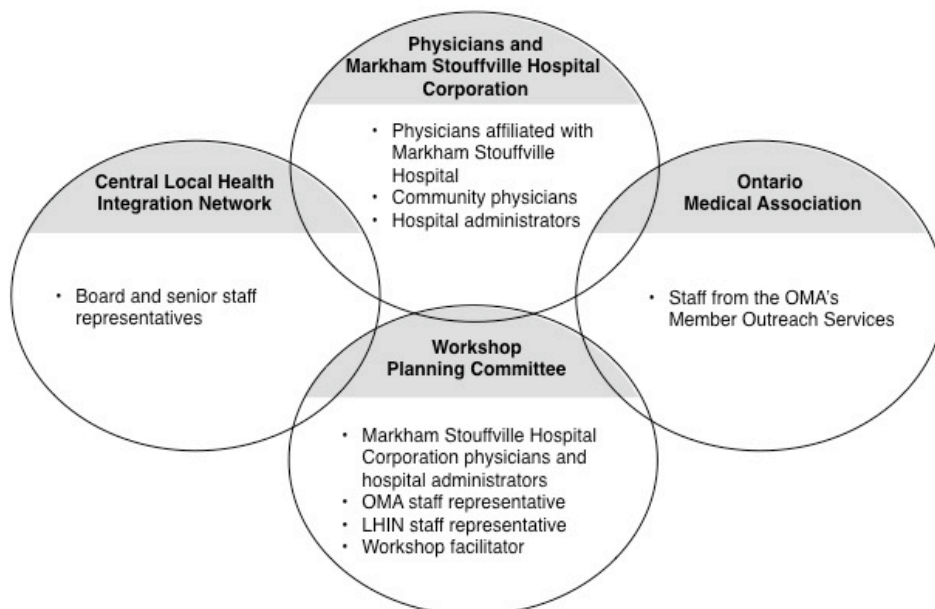
I – INTRODUCTION

On September 24th, 2008 the Ontario Medical Association (OMA), Markham Stouffville Hospital Corporation and the Central Local Health Integration Network (LHIN) co-sponsored a workshop to discuss how physicians and the hospital can engage most effectively with the Central LHIN.

PARTICIPANTS

The workshop was developed by a joint planning committee and brought together 35 people from key groups, including approximately 30 physicians affiliated with the hospital and from the community (see Appendix A for list of participants).

Figure 1 – Workshop Participants



OBJECTIVES

The workshop was initiated as follow-up to a meeting in June, 2008 between LHIN representatives and the Medical Staff Association of Markham Stouffville Hospital Corporation. At that time, both the medical staff of the hospital and LHIN staff expressed an interest in spending more time to better understand how to work together and to explore specific issues of interest with respect to future directions for the local health care system and the hospital.

The specific objectives of the workshop were to:

- ◆ Create understanding and awareness of the decision making role of the Central LHIN including its mandate with respect to common standards of care
- ◆ Understand how the Central LHIN's planning decisions impact on patient care and the role of Markham Stouffville Hospital Corporation and physicians in meeting patient care needs
- ◆ Understand and help to shape the framework available for physician input and how physicians can engage most effectively with the Central LHIN

This report summarizes the discussion results and was developed by the workshop facilitator, Michael Rowland of The Randolph Group.

OPENING REMARKS

Jane Ottman of the Ontario Medical Association welcomed everyone and outlined the OMA's overall efforts to support physician-LHIN engagement and member outreach and support.

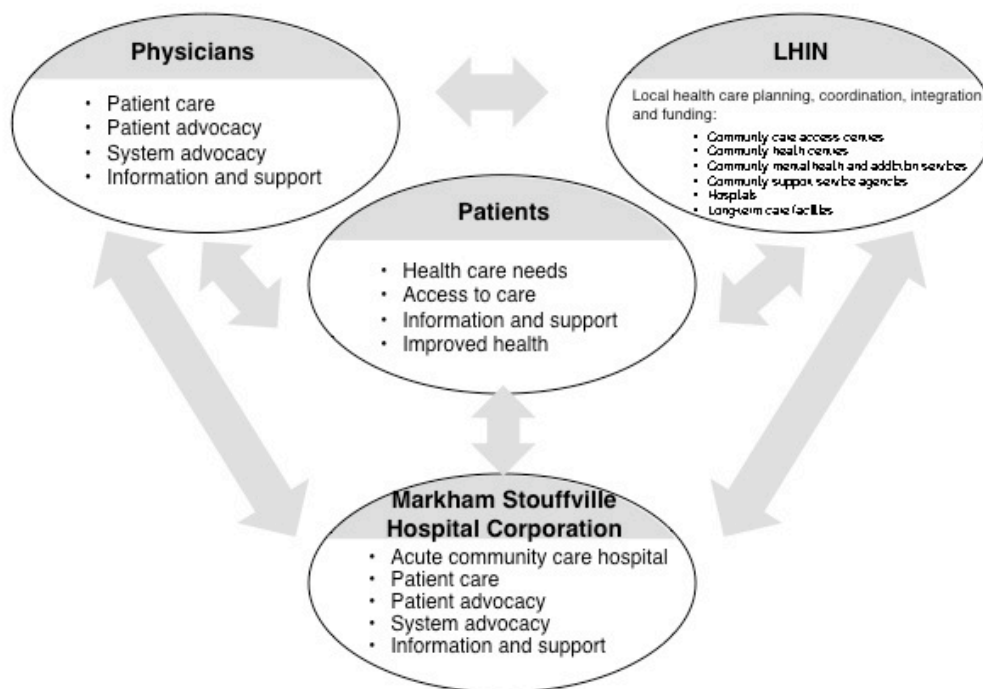
Hy Eliasoph of the Central LHIN thanked participants for coming and the organizing committee for their work. He stressed the value of physician engagement with the LHIN and expressed his hope for ongoing dialogue with Markham Stouffville Hospital, its affiliated physicians, and community-based physicians.

Dr. David Austin, Chief of Staff at Markham Stouffville Hospital Corporation thanked the LHIN and participants for attending and re-iterated the importance of physicians engaging with both the LHIN and the OMA.

II – UNDERSTANDING INTERDEPENDENCIES

The workshop dialogue began with table discussions to understand how physicians, the hospital and the LHIN are interdependent.

Figure 2 – Understanding Interdependencies



POTENTIAL IMPACT ON PHYSICIANS/HOSPITAL

It was clear from participant comments that physicians and the Markham Stouffville Hospital Corporation are highly interdependent with the LHIN. The system planning, integration and funding role of the LHIN could affect services in the area, the hospital's role and capabilities, funding, and physicians' practices.

Concerns about potential changes to Markham Stouffville Hospital's future role and viability in a changing service delivery model coloured much of the commentary from the physicians and hospital administrators present.

The participants identified the following potential impacts of the LHIN on physicians and the hospital.

Potential Impacts on Services

- ◆ Influence what services get funded, where and when
- ◆ Decisions on service delivery model and programs
- ◆ Consolidation or loss of services
- ◆ Realignment of services (e.g. ophthalmology, pediatrics)
- ◆ Ability to coordinate care (e.g. neurosurgery)

Potential Impacts on Markham Stouffville Hospital

- ◆ Could limit within a specialty what services or programs would be offered
- ◆ Disrupt synergy of physician group at hospital
- ◆ Consequences for hospital reputation
- ◆ Apply for new programs through LHIN
- ◆ Potential competition between hospitals favouring hospitals with more resources
- ◆ Alternative Financing and Procurement strategies
- ◆ Ability to advocate for more funding/new programs
- ◆ Increased accountability requirements for new program funding

Potential Impacts on Funding

- ◆ Funding allocations to hospital and community services
- ◆ Funding of hospitals and programs

Potential Impacts on Physicians

- ◆ LHIN funds organizations within which physicians work

- ◆ Able to be more responsive to physicians given local focus
- ◆ Loss of influence for physicians/hospital
- ◆ May cause physicians to relocate practices away from MSH community
- ◆ Loss of physicians from area potentially
- ◆ Negative impact on morale and work satisfaction
- ◆ Funding/service model decisions will affect how and where physicians practice
- ◆ Common, shared resources through credentialing potentially
- ◆ Increased accountability on physicians and hospital (e.g. death rates, wait times)
- ◆ Connecting physicians/hospital to other components of health system
- ◆ Coordinated recruitment

POTENTIAL IMPACT ON LHIN

Conversely, physicians and the hospital can have a significant impact on the LHIN. Participants identified potential impacts in terms of information, proposals, community connections, and service delivery.

Potential Source of Information

- ◆ Identify program/service needs
- ◆ Ability to quantify need
- ◆ Physicians can represent patient interests to the LHIN

Potential Source of Proposals

- ◆ Hospital can generate proposals and recommend priorities
- ◆ Impact LHIN decision-making through strategic planning and presentation of business plans
- ◆ New service proposals will impact LHIN funding requirements

Potential Connection to the Community

- ◆ Political influence
- ◆ Community engagement
- ◆ Physicians can involve the media and the community
- ◆ Potential to provide community/physician representation

Potential Impact on Service Delivery

- ◆ Changes in location of physician practices may affect allocation of services/viability of service delivery model
- ◆ Physicians may leave the community, resulting in a lack of service
- ◆ Provide quality care
- ◆ Opportunity for physicians to help out at other hospitals

Other

- ◆ Can make LHIN accountable for their health planning decisions

POTENTIAL IMPACTS ON PATIENTS

Many potential impacts of the relationship between physicians, the hospital and the LHIN for patients were identified.

Concerns over the implications of service delivery model changes for the role and services of Markham Stouffville Hospital tended to shape most of the comments on potential impacts on patients.

Access to Services/Care

- ◆ Access to services
- ◆ Ease of access to care
- ◆ Tertiary care may be available elsewhere
- ◆ May reduce choice in where they can seek care

- ◆ May have to travel to access services
- ◆ Not able to access needed services if travel required (e.g. frail elderly)
- ◆ Lack of continuity of care if services are provided outside of area due to poor communication between some hospitals and community physicians

Availability of Physicians

- ◆ May have reduced choice of physicians
- ◆ Reduced quality of patient care due to loss of physician resources

Quality of Care

- ◆ Patients may decide to go elsewhere due to perception of reduced service
- ◆ Standardized forms of care

Opportunity for Input/Information

- ◆ Opportunity to advocate for patient needs
- ◆ Enhanced access to patient records within and across the LHIN

Measurement/Evaluation

- ◆ Need to measure patient satisfaction
- ◆ Standardized quality indicators will be important

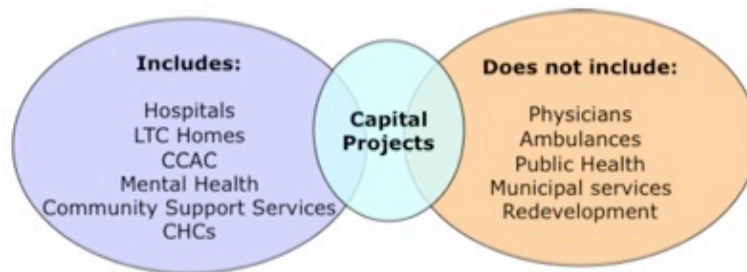
III – UNDERSTANDING THE LHIN

Hy Eliasoph, the CEO of the Central LHIN outlined the role of the LHIN and provided background on key issues of concern to the physicians and Markham Stouffville Hospital Corporation.

LHIN ROLE

Hy summarized the LHIN’s mandate (See Figure 3). He pointed out that this mandate means that the LHINs are often dealing with multiple, sometimes conflicting interests. While capital projects fall in a grey zone at the moment between the LHINs and the Ministry in terms of responsibility, the Ministry will not fund capital projects without LHIN support.

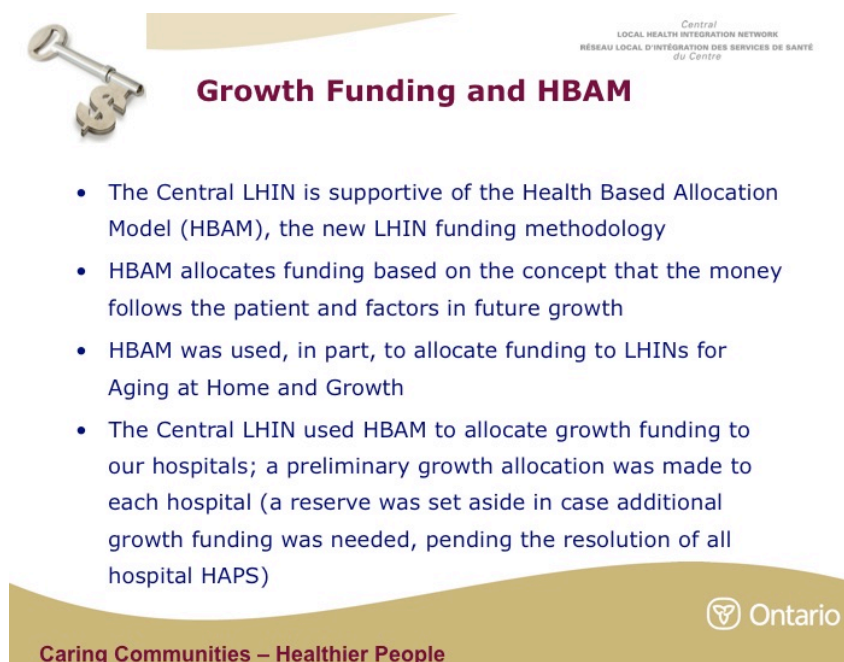
Figure 3 – Summary of LHIN Mandate



FUNDING

Hy outlined the new LHIN funding model that is being proposed for LHINs – the Health Based Allocation Methodology (HBAM).

Figure 4 – HBAM Funding Model



Growth Funding and HBAM

- The Central LHIN is supportive of the Health Based Allocation Model (HBAM), the new LHIN funding methodology
- HBAM allocates funding based on the concept that the money follows the patient and factors in future growth
- HBAM was used, in part, to allocate funding to LHINs for Aging at Home and Growth
- The Central LHIN used HBAM to allocate growth funding to our hospitals; a preliminary growth allocation was made to each hospital (a reserve was set aside in case additional growth funding was needed, pending the resolution of all hospital HAPS)

Caring Communities – Healthier People

Central LOCAL HEALTH INTEGRATION NETWORK
RESEAU LOCAL D'INTEGRATION DES SERVICES DE SANTE
du Centre

Ontario

He pointed out that the current funding model is not growth sensitive and thus not friendly for growing regions like the Central LHIN.

There were many questions about and much interest in this model. It was agreed that a follow-up session would be held at the hospital to discuss the model in greater detail.

Hy also described some of the specific funding initiatives by the province related to wait times and ER pay for performance.

KEY ISSUES

Hy reviewed the status of decisions related to key issues of concern to physicians and the hospital.

- ◆ **Ophthalmology.** A strategy for a new way of delivering ophthalmology services is being developed by the Central LHIN ophthalmology leadership group. The LHIN board has not made any decisions on this yet.
- ◆ **Capital/redevelopment.** Hy emphasized the importance of the LHIN and hospital working together to align the hospital's redevelopment plans with the LHIN's Integrated Health Services Plan. He spoke frankly of the need for the hospital to be significantly larger in scale. The HBAM funding model is a key tool and the hospital and LHIN have to advocate for the appropriate redevelopment support.
- ◆ **Peer review.** The LHIN is working with the hospital on this process. Peer review may help the hospital achieve a balanced budget.
- ◆ **Family Health Teams (FHT).** The Markham Family Health Team is recognized as a leading practice in Ontario. Fourteen LHINs have submitted a business case to the Ministry to move responsibility for FHTs under the mandate of the LHINs.

Participant Comments

Several themes emerged from participant comments during and following Hy's presentations:

- ◆ **Decision making processes**
 - Are LHINs another layer of bureaucracy?
 - Who is making the decisions?
 - How can Markham Stouffville Hospital and physicians be represented in the decision making process?
 - Other hospitals appear to be moving ahead – decisions appear to have already been made
 - Confusion around funding and decision making processes
- ◆ **Funding impacts**
 - Other hospitals growing, MS Hospital funding paralyzed
 - Concern that acute care beds are being funded preferentially depending on the facility/organization
- ◆ **Service delivery model**
 - Concerns about centralization and loss of key services at the hospital

IV – ENGAGING IN AN EFFECTIVE PARTNERSHIP

The final portion of the evening focused on how best physicians, the hospital and the LHIN can engage in an effective partnership.

PURPOSE

Participants identified three main reasons why physicians, the hospital and the LHIN should work in partnership:

Ensure Quality Care

- ◆ Provide quality patient care in efficient ways
- ◆ Optimum quality of care
- ◆ Ensure best patient care

Assist System Planning and Integration

- ◆ Ongoing education between the LHIN, physicians and the hospital regarding their roles, vision, values and contributions to the system
- ◆ Help system planning
- ◆ Improve system efficiency
- ◆ Retention and recruitment of physicians
- ◆ Streamline and facilitate the referral process
- ◆ Provider satisfaction
- ◆ Respond to health care needs of the community
- ◆ Provide stability

Advocate for Change

- ◆ Advocacy
- ◆ Empowerment, advocacy, support and facilitation

Other

- ◆ Healthy health care teams – better morale leads to better care
- ◆ Develop a clear niche role for Markham Stouffville Hospital
- ◆ Recognizing the accomplishments of one another

PRINCIPLES

Participants felt that an effective and successful partnership between the LHIN, physicians and Markham Stouffville Hospital should operate on a variety of principles:

Effective Communication

- ◆ Efficient methods of communication
- ◆ Effective communication between the LHIN, hospital senior management and physicians
- ◆ Constant communication
- ◆ No political double speak
- ◆ No surprises

Collaborative Approach

- ◆ Ongoing collaborative approach to setting priorities
- ◆ Cooperation
- ◆ Working together toward a common goal
- ◆ Mutual respect and trust
- ◆ Ongoing commitment to the relationship
- ◆ Stability of partnership

Recognize and Support Physician Participation

- ◆ Provide tangible rewards
- ◆ Physicians donate their time – not paid
- ◆ Compensate physicians for time away from clinical work
- ◆ Increase motivation for participation

Respect Time Constraints

- ◆ Understand time constraints on physicians
- ◆ Provide significant advance warning of meetings etc.

Establish Shared Expectations

- ◆ Terms of reference for the partnership
- ◆ Team charter and code of conduct

Transparency and Accountability

- ◆ Accountability
- ◆ Transparency

Meaningful Engagement

- ◆ Meaningful consultation
- ◆ Active engagement of physicians
- ◆ Physicians need to feel that injecting effort in this process is worthwhile

Other

- ◆ Recognize different foci – Markham Stouffville focus versus system-wide focus
- ◆ Learn from the successes of others
- ◆ Evidence-based decision making

MECHANISMS

Direct engagement between physicians and the LHIN through the hospital, supplemented by the use of technology, was seen as the best means for engaging physicians. The physicians and hospital administrators also recognized the need for the hospital to advocate effectively for itself.

Engage Directly Through the Hospital

- ◆ Engage the Medical Staff Association
- ◆ LHIN should engage physicians at the hospital
- ◆ Use relatively simple, non-bureaucratic processes

Use Technology as a Facilitating Tool

- ◆ Use IT capabilities to ensure good communication
- ◆ Teleconferencing
- ◆ E-mail

Develop Cohesive Physician Voice

- ◆ Build cohesion of physician group in order to provide unified, inclusive perspectives
- ◆ Physicians should be able to choose a representative to represent them at LHIN board
- ◆ Hospital must advocate powerfully for itself

Other

- ◆ Follow-up on today's meeting

V –NEXT STEPS

The workshop concluded with a discussion of next steps. The group agreed on the following:

1. **Central LHIN to attend December 3rd meeting** with the hospital Medical Staff Association, community physicians and the Central LHIN to review and discuss the outcome of the workshop and to have a presentation on the **Health Based Allocation Model (HBAM)** funding model as proposed by the MOHLTC.
2. **Develop a shared vision** of the future of Markham Stouffville Hospital
 - Hospital to develop proposed functional plan as part of redevelopment proposal
 - Hold joint discussion with LHIN on how the proposal aligns with vision for health care system in Central LHIN
3. **Request an accountability report** from the Central LHIN on what has actually happened through the LHIN that has benefitted Markham Stouffville Hospital.
4. **Establish a more robust communication** and relationship between the LHIN and all physicians in the Markham Stouffville Medical Society area of the Central LHIN through various forums such as ad hoc meetings, Chiefs of Staff meetings, Family Practice Advisory Group, Chiefs of Surgery, etc.

APPENDIX A – LIST OF PARTICIPANTS

Attendee	Specialty	Location
Dr. Jerry J. Halik	Otolaryngology	MSH
Dr. Dharmendra Doobay	General & Family Practice – Uxbridge	MSH/Interns Residents
Dr. Stephen T. McLaren	Specialist – FP	MSH
Dr. Phoebe E. Shokry	Anatomical Pathology	MSH
Dr. Jerry J. Halik	Otolaryngology	MSH
Dr. Caesh D. Doobay	Specialist – FP	MSH
Dr. Padmini N. Turlapati	Paediatrics	MSH
Dr. Elaine M. Meinig	Specialist – FP	MSH
Dr. Brigitte Monroe	FP	MSH
Dr. William H. Newton	Specialist – FP (Chief)	MSH
Dr. Joan Cheng	Specialist – ER	MSH
Dr. Hari N. Garbharran	Psychiatry	---
Dr. Sonia Sabir	ER	MSH
Dr. Hedy N. Boutros	Anatomical Pathology	MSH
Dr. Douglas K. Jang	Specialist – ER	MSH
Dr. Rustom Sethna	Psychiatry	MSH
Dr. Brian Ticoll	Psychiatry	MSH
Dr. Zul Wallani	Psychiatry	MSH
Dr. Emmanuel Persad	Psychiatry	MSH
Dr. Iain Murray	Gastroenterology	--
Dr. Alison P. Vandenberg	General Family Physician	MSH
Dr. James D. Carson	Specialist – FP	Unionville
Dr. Larry B. Pancer	Pediatrics (Chief)	Markham
Dr. Jacqueline Poppen	Specialist – FP	Markham
Dr. Preeti Saini	Specialist – FP	Markham
Dr. Michael Steirman	DI	MSH
Dr. Ronald G. Esterbauer	Family Physician	Markham
Dr. Renee R. Chouinard	Obstetrics & Gynecology	Markham
Dr. John DiCostanzo	Urology	MSH
Dr. Dave Austin	COS; ER	MSH
Alan Ing	General Surgery	Markham
Janis Li	Family Physician	MSH
Dr. Moss Weinstock	Specialist	Markham
Pallister	General Surgery	MSH
Central LHIN		
Hy Eliasoph	CEO	
Ms. Kim Baker	Senior Director – PICE	
Saifa Sidi	Sr. Planner	
MSH		
Neil Walker	COO	
Christine Joe	Director, Medical Administration	
Joanne MacKenzie	Director, Maternal Child System	

Attendee	Specialty	Location
OMA Member Outreach		
Jane Ottman	Regional Manager	LHIN 8, Region 3
Catherine Flaman	Coordinator	OMA
Guests		
Michael Rowland	Facilitator	The Randolph Group