



ONTARIO HEALTH LAW

LOCAL HEALTH INTEGRATION NETWORKS: A PRIMER



Elyse Sunshine

On March 1, 2006, the Local Health Integration Act, 2006, received its third and final reading and became law. The Act has received considerable attention and commentary from health providers and their advisors. As a result, the legislation has undergone a number of amendments since it was first introduced in November 2005.

What is a LHIN?

By way of background, the Act gives power to what have been referred to as Local Health Integration Networks, or LHINs. LHINs are not-for-profit organizations. Their mandate is to plan, integrate and fund local health services in 14 different geographic areas of the province. The Act sets out the corporate structure for the LHINs and their Board composition.

What do they do?

The government has stated that LHINs are intended to be the managers for health services that are delivered in hospitals, long-term care facilities, community health centres, community support services and mental health agencies. In this regard, section 1 of the Act states that its purpose is to “provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks.”

How do they do it?

The legislation provides LHINs with the power to promote the integration of health services in a particular geographic area (referred to as a “local health system”) by a number of ways as outlined in the Act. For instance, the LHIN is required to identify and plan for the health service needs of the local health system in accordance with provincial plans and priorities. It must make recommendations to the Minister about that system, including funding needs for it. Each LHIN is also required to engage its community in planning and setting priorities and must establish formal channels to enable such

communication to occur. The LHINs are also expected to evaluate, monitor and report on and be accountable to the Minister for the performance of health services including access to such services, among other things.

Each LHIN is required to develop an integrated health service plan which must include a vision, priorities and strategic directions for the local health system and strategies for integration of the local health system in order to be consistent with the province's plan and funding provided to the LHIN. In this regard, the LHIN is required to consult and engage the community (including health services providers, individuals and employees) about its needs and the desired priorities of the LHIN. In order to achieve this, the LHIN is required to establish a Health Professional Advisory Committee (HPAC), consisting of appointed individuals and regulated health professionals. The requirements of who sits on the HPAC may also be determined by regulation (which have not yet been enacted).

The LHINs are given additional significant powers by the legislation in that they may provide funding to health providers for services provided in their area on such terms and conditions as they determine (although it must be consistent with their accountability agreement with the Ministry and any prescribed regulations). The LHINs also have the power to audit these services providers or to require them to provide the LHIN with reports, plans or financial information that the LHIN requires.

What don't they do?

While the role of the LHINs and the spectrum of services they manage are broad, they are not the service providers, but the service "managers." It is also important to appreciate that services provided by physicians, dentists, optometrists, podiatrists are not included in their jurisdiction. With that said, the services provided by these professionals will clearly be an integral part of the LHINs if health care services are to be provided to the patients of Ontario in an effective and efficient manner as per the mandate of the legislation.

In addition to not including particular regulated health professionals in the legislation, certain services provided by the Ministry of Health and Long-Term Care are also not caught by the legislation and as such, will continue to be controlled by the Ministry. Such services include public health, family health teams, laboratories, ambulance services, and programs such as Telehealth.

What is the Ministry's role?

While the LHIN is the health service "manager," the Ministry still plays an important role. The Ministry's role with respect to the LHINs is similar to the "headquarters" of a major corporation. In this regard, the Ministry may provide the LHINs with funding on terms and conditions that the Minister considered to be appropriate. Such funding will be granted pursuant to an accountability agreement which includes performance goals, standards, targets etc.



Ontario Health Law

In order to meet the objectives behind the legislation, the Minister is required to develop and publish provincial strategic plans that includes a vision, priorities and strategic directions for the health system. They are required to do this by seeking advice from province-wide health planning organizations.

What are the pros and cons?

The Ministry states that Ontario residents will benefit from having these healthcare service allocation decisions made by people familiar with the needs of the community. LHINs are supposed to increase accountability and transparency in the healthcare system. In addition, they rely on the fact that patients will be able to obtain treatment in any of the LHINs in the province (since the legislation provides that there are no barriers to seeking treatment in other LHINs outside of one's "home" region).

Critics of the new legislation believe that it will result in privatization and the offloading of expenses to patients. In addition, there is the fear that patients will be required to travel farther for treatment.

What does the future hold?

LHINs create interesting issues for both health services providers and lawyers alike, from corporate issues to advocacy issues to those relating to privacy and information. As with any major governmental initiative, it remains to be seen if LHINs will accomplish what they are designed to do.

For more information, please see www.lhins.on.ca or the Act can be viewed on-line via E-Laws.



Ontario Health Law