

## OHTs big win for collaboration say local service providers

Written By MIKE BAKER

Ontario's health care system as it stands today is bogged-down, complex and convoluted. Now, a collection of service providers in Dufferin-Caledon are hoping to be amongst the first in the province to usher in a new era of common sense and collaboration that will, they hope, pave the way for a more simplistic approach to health care delivery.

The key, this reporter has been told, lies within three simple letters ? O, H and T.

When the Province announced plans to make sweeping changes to Ontario's health care system, through creation of Ontario Health Teams (OHT), industry professionals in Dufferin-Caledon were at the front of the queue, volunteering to serve as something of a guinea pig to help launch this bold new world.

?If you want something done a certain way, don't wait for someone else to do it and then criticize. Get going yourself, get involved and start working towards that goal. Over the past few weeks, this group here in Dufferin-Caledon has done that,? said Tom Reid, Chief of the Dufferin County Paramedic Service and chair of the palliative care sub-committee within the Hills of Headwaters Collaborative.

In what is article number two in our three-part series taking an in-depth look into what an Ontario Health Team would look like in Dufferin-Caledon, and the potential impacts it would have, we caught up with the head of five key service providers in the community. Each offered thoughts on how a new collaborative system could potentially unfold in the region. The comments were almost exclusively positive.

Mr. Reid has spent the entirety of his 35-year career as a paramedic right here in Dufferin County. In that time, he has practically seen it all. Now, as he approaches the twilight of his career, he is being afforded the opportunity to potentially re-write the way he, and his successors will approach the job. But what were his first thoughts when the province first made their announcement back in February?

?What does OHT mean? How will it change things? How will people see services differently? These were all pretty close to the top of the list, and were all good questions to explore,? Mr. Reid said.

So explore he did. Almost immediately, the local Collaborative was launched and Mr. Reid was brought on as a core member. Sixty seconds into the very first meeting between our leadership group, he knew this was going to be a win for our community, and a pretty substantial one at that.

?The Hills of Headwaters Collaborative is a very nimble group, and there's a lot of great relationships between service providers providing health care in our community,? Mr. Reid said. ?For us to simply say ?we're going to work together better', I thought that was good, but once we started going down this trail, and I'm talking about even in that first meeting, I saw signs where things that we thought were good, we could make even better. And we've made lots of traction there over the past few months.?

One of the key focuses for improvement on Mr. Reid's side has been on palliative care. He discussed the way the system currently works in Dufferin-Caledon, where vulnerable citizens within their own home are forced to call 911 for assistance because there are no other programs or initiatives in place to help them during off-peak hours.

Enter Margaret Paan, Executive Director at Bethell Hospice in Inglewood. Just in case you were confused by my previous paragraph regarding a palliative care patient being home on their own, rather than in end-of-life care at a hospice, allow us to redefine the term palliative for you.

?The World Health Organization's definition of palliative care is quite broad. They define it as anyone living with a life threatening, or life limiting illness. You can imagine some of the diagnoses in our community ? that would be a very large percentage of people,? Ms. Paan said. ?So palliative means more than simply the end-of-life care people generally think about when they hear the term.?

Part of the solution for improving palliative care services in Dufferin-Caledon, first of all, rests with education over what, exactly, palliative care is. Mr. Reid feels the Collaborative has made some headway in that regard. Elsewhere, the local sub-committee is also working to establish a common register database that service providers from across the board can access. He says the committee is also looking at ways of improving pain management programs for local patients.

?Quicker, faster, eliminating delays. We've been tracking that for the past few months and have seen some significant improvements,? Mr. Reid stated.

The big one though, he continues, is developing a program that would, essentially, ensure a physician is available on an on-call basis 24 hours a day, seven days a week to respond to any urgent calls and provide feedback and expertise to first responders.

?Having specialized physicians in the community who provide palliative care. That would be huge. We want them to be available to provide the kind of care patients require, or there to support other primary physicians in latest best practices for palliative care,? Mr. Reid stated. ?A lot of people don't believe that's even possible, but it absolutely is. It's amazing, we've made such unbelievable inroads already.?

When Ms. Paan was invited to form part of the core leadership group on the palliative side of things, she was excited. She has long since advocated for an improved health care sector ? one that isn't fractured and separated by imaginary lines and bureaucratic red tape.

?If we do this OHT work right, this really will be a partnership between the community and the providers. I believe it's time to blur the lines in terms of who does what and truly look at co-designing our health care sector,? Ms. Paan said. ?We often hear from people in the system that care is so complicated. People don't understand it, they're not sure how to navigate it, they don't know how to access it. This is an opportunity for us to change that.?

She added, ?Somebody who needs care, regardless of their socio-economic status, previous experience with health care, language, or complexity of needs ? they need to have access to care when they need it, and it needs to be simple and easy to understand. We need to develop the processes and structures for that to be possible, because it isn't possible right now. We need to catch up to where some people think we already are as a system.?

Mental health and addictions is the second key pillar under which the local Collaborative has built its OHT application. Dave Smith, CEO of the Canadian Mental Health Association of Peel Dufferin, spoke favourably of the Collaborative's efforts here in Dufferin-Caledon when compared to similar attempts to establish OHTs in Brampton and Mississauga.

?This one in Dufferin-Caledon has evolved out of partnerships that were already growing in the community. It's kind of like yesterday's business, but in a new environment, with a new focus,? Mr. Smith stated.

Indeed, many of the figureheads and service providers who currently make up the Hills of Headwaters Collaborative, were already in the process of forming links and establishing relationships through a conjoined involvement in various Central West Local Health Integration Network programs, initiatives and committees.

Having had the opportunity to work in the health care sector in the UK under the National Health Service, Mr. Smith offered some insight into how a collaborative, barrier-free service could, potentially operate here in Ontario.

?In mental health, (in the UK) all services were geographic based and provided by one organization. You could very quickly determine who needed the most service, at what intensity and at what time. Whereas, our system, even in Dufferin-Caledon alone,

there are at least three different organizations that provide services. It takes us a bit of time to figure out the package of care for an individual because we're not working as closely as we could," Mr. Smith stated. "I think that's what an OHT can do. It can bring us closer together so that, for the client, they would see one service provide exactly what they need."

He added, "We could quickly react if someone becomes more ill, we could up support at home, do medication checks, get them into the hospital quickly if needed, provide crisis services, provide family services, peer support. All of that quite quickly, if we were better connected. That's where OHT will make the biggest difference " in the speed in which we're able to provide our services to the people who need them most."

Referencing specific improvements made on the mental health and addiction side of things, Mr. Smith noted the Collaborative had already laid the foundations for forming a joint wait list for services that would transcend across all service providers, while also working on bringing additional crisis resources to the community.

As the Executive Director at Family Transition Place (FTP), Norah Kennedy is one of the only leaders sitting on the Hills of Headwaters Collaborative who doesn't have a background in the health care industry. Still, she has taken on the key role of chair of the mental health and addictions sub-committee " an area she has particular interest in given the scope of services provided at Dufferin County's women's shelter.

"The intent, or mantra of our sub-committee is to promote a collaborative working relationship between all service and health agencies so that the patient won't necessarily see much of what is going on. It's our goal to make health care services as seamless for them as possible," Ms. Kennedy stated. "The whole intent around this is to really put the client's needs at the centre and work from there."

When asked how a transition to an OHT model would benefit FTP, its staff and its clients, Ms. Kennedy fully embraced the local Collaborative's mission statement in her response.

"One of the things we've talked about at the table is we're trying to get away from that mindset of a siloed service. It's not so much about how is this going to benefit my agency, or my staff, it's more about stopping that line of thinking and instead focusing on how we can benefit the client or individual we're serving," Ms. Kennedy remarked. "We have so many services, so many health care providers in our region. If we're all pulling together in the same direction, rather than approaching things with our own individual thoughts and ideas, it's only going to serve to improve the level and quality of service to those who need it."

One of the tangible differences the mental health and addictions sub-committee has been able to make thus far has come through the formation of a weekly walk-in clinic in Shelburne. Operating on Wednesdays from 4 p.m. to 8 p.m. at the North Dufferin Wellness Centre, individuals will be able to access a wealth of medical and mental health and abuse services.

"We've established a relationship with Dufferin Child and Family Services and a local doctor to ensure that, one day a week, we will have a children's mental health counsellor, a crisis counsellor and doctor together in one place, under one roof to provide any kind of service or support an individual may need," Ms. Kennedy stated. "We had a bit of a soft launch a couple of weeks ago, but things are up and running now and we're excited to see the results and what effect that initiative will have."

Having partnered on that particular project, DCAFS Executive Director Jennifer Moore opined it was something the local sub-committee focused on establishing right from the get-go.

"We often see, when parents bring their children to the Orangeville-based walk-in clinic we run, that the parents are needing some kind of support too. We figured it would be a nice partnership if we had an opportunity to meet with youth, while adults had access to their own support through FTPs clinicians," Ms. Moore stated. "We also have a family physician there just in case there are any questions about medications, or anything more urgent."

Collaboration with fellow service providers has long been a priority for staff at DCAFS. As the lone children's services provider in

the region, DCAFS is often faced with complex issues and complex people. Unfortunately, when an individual ages out (once they hit 18 years of age), access to services isn't as easy to obtain. Not that DCAFS ever turns anyone away, Ms. Moore clarified.

?Right now we do counselling up to 18 for mental health services, but we had someone come into our office recently who was in their early 30s. This individual stated they needed help right now, they know there are adult services available, but they know our program, and our staff knows this individual's history. Of course we would never turn that person away,? Ms. Moore stated. ?We want to be able to leverage that type of situation and do even more of it, so that there is just better access to service delivery. So that all service providers are well quipped to function within the same system.?

When asked why she felt the proposed OHT model was a recipe for success, Ms. Moore, like the other four local leaders featured in this piece also mentioned at one point or another, remarked that any time you can get multiple service providers on the same page and working towards the same common goal, the end result is a stronger, more diverse service.

?I think we have decided as a community that, regardless of the outcome of the OHT application, we're going to keep moving forward with this plan, in this mindset. I would say we are all committed to the principals embedded in our OHT application,? Ms. Moore stated. ?We are uniquely positioned to work really well and collaboratively together. I feel really confident that any one of our community partners can rely on each other in a big way. We all have the same common interest at heart and that is to make our community the best possible place to live in.?

Check back next week for the final installment in our series, where we will feature comments from physicians, patient-family advisors and regular, average joe local residents for their thoughts on how this bid to launch an OHT in Dufferin-Caledon could impact health care services in the region.