

Integration in the Context of Ontario's Local Health Integration Networks (LHINs)

Introduction

Local Health Integration Networks (LHINs) are to create integrated health systems as a means of improving the health of Ontarians. Integrated health systems provide coordinated, accessible and high quality health care that focuses on client needs, improves patient care and makes service delivery more efficient.

What is integration?

Integration within the Waterloo Wellington LHIN (WWLHIN) is defined as the process of effectively managing the alignment of multiple systems of independent (and interdependent) organizations with unique goals and objectives to achieve the current Local Health System Priorities:

- Improve accessibility to health services
- Improve the health of the population
- Enhance system effectiveness
- Build community capacity to achieve a sustainable health system

The *Local Health System Integration Act, 2006*, which forms the legal framework for LHINs, describes the following integration activities:

- Coordination of services and interactions
- Partnering with others in providing services or in operating
- Transferring, merging, or amalgamating services, operations, or entities
- Starting or ceasing to provide services
- Ceasing to operate

Who and what can be subject to integration?

All WWLHIN health service providers (HSPs) — hospitals, Community Care Access Centres, Community Health Centres, mental health and addictions agencies, community support services agencies and long-term care homes — are subject to integration. Integration may also affect non-WWLHIN funded service providers and others in circumstances where partner health service providers are pursuing or impacted by integration.

Health care services affected by integration can include:

- a service or program offered directly to people (e.g., home care services)
- a service or program that supports a direct service (e.g., laundry services in a hospital); and
- a function that supports an organization that provides either a direct or a supporting service or program (e.g., payroll services provided to nursing homes).

How does integration occur?

Both the WWLHIN and its health service providers have an obligation to identify integration opportunities. To achieve its Local Health System Priorities, as identified in the Integrated Health Service Plan, the following integration options may be presented to the WWLHIN:

- Voluntary Integration – HSPs, at their own initiative, plan to integrate services funded by WWLHIN
- Facilitated Integration – WWLHIN and/or HSP(s) explore(s) appropriate integration strategies and WWLHIN facilitates or negotiates integration with HSPs
- Required Integration – WWLHIN ordered integration of services
- Funding – WWLHIN uses its funding authority to promote integration of services

The table below describes for each of the integration options the key decision points and process steps.

Circumstances of Integration	Steps in integration decision making process			
	1) Integration Decision by WWLHIN	2) Preliminary Integration Decision made public by WWLHIN	3) Period of Written Submissions (30 days minimum)	4) Impact of Written Input on Integration Decision
Voluntary integration	Optional if LHIN supports integration; required by law if LHIN wants to deny proposed voluntary integration or parts of it	If denied, yes	Required by law if LHIN proposes to deny integration or parts of it	LHIN may confirm or amend original integration decision, including denial of integration
Facilitated integration	Required by law and issued	No	Optional at LHIN's discretion	LHIN may confirm or amend original integration decision, including denial of integration
Required integration	Required by law and issued	Yes	Required by law	LHIN may confirm or amend original integration decision, including denial of integration
Funding integration	Optional at LHIN's discretion	No	Optional at LHIN's discretion	LHIN may confirm or amend original integration decision, including denial of integration