

# **State of the Health Care System**

## **Central East LHIN Sub-region Planning Tables**

### **Kick Off Event**

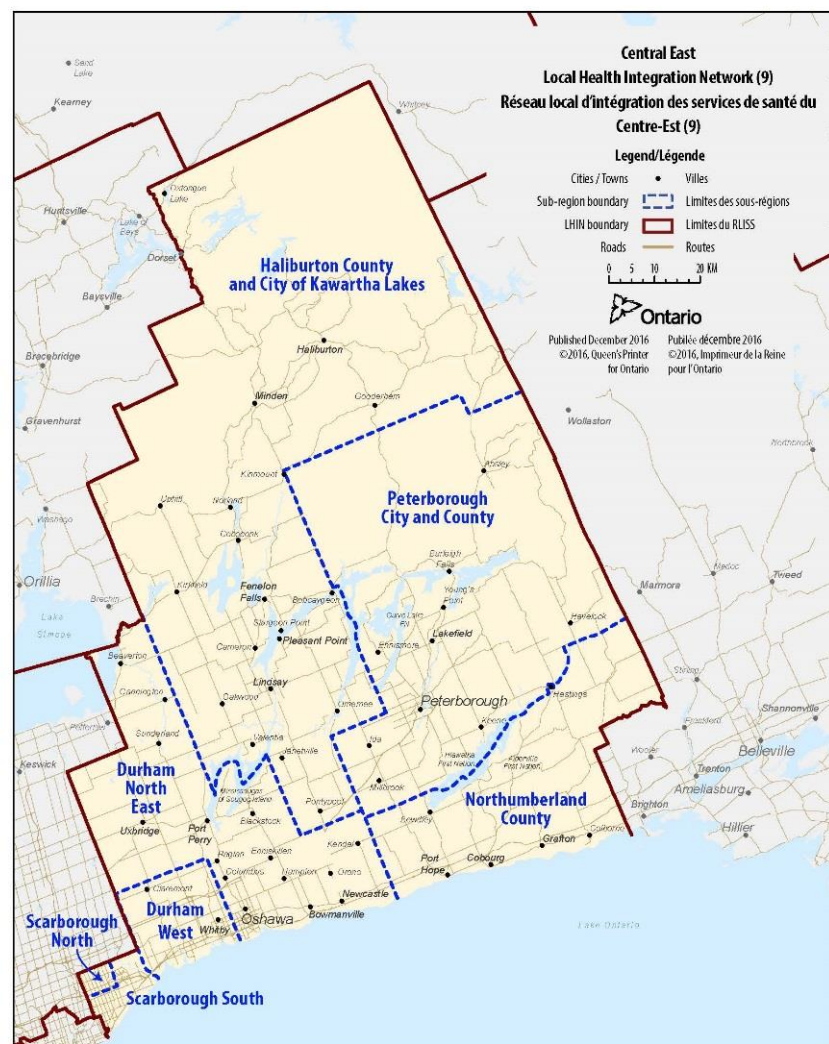
**Presented to Central East LHIN stakeholders**  
**October 16, 2017**

Deborah Hammons, CEO, Central East LHIN and members of the Senior Team

# Objectives

- Provide an overview of the Renewed Central East LHIN
- Provide an overview of Central East LHIN Sub-region Planning including *Health Links* Next Steps
- Introduce the updated Sub-region Profiles and Data tools
- Introduce the Sub-region Planning Table members

# Central East LHIN



- 1.6 million residents
- 11.7 % of the Ontario population
- 16,673 square kilometers
- 2.05% residents who self-identify as Indigenous
- 30,221 residents who identify as Francophone
- 37.20% residents who are a visible minority
- 223,495 residents who are over the age of 65

# Overview of the current Central East Local Health Care System

*LHINs have responsibility for approximately half of the Ontario health care budget.  
In the Central East LHIN this means providing over **\$2.3 billion** on an annual basis to:*

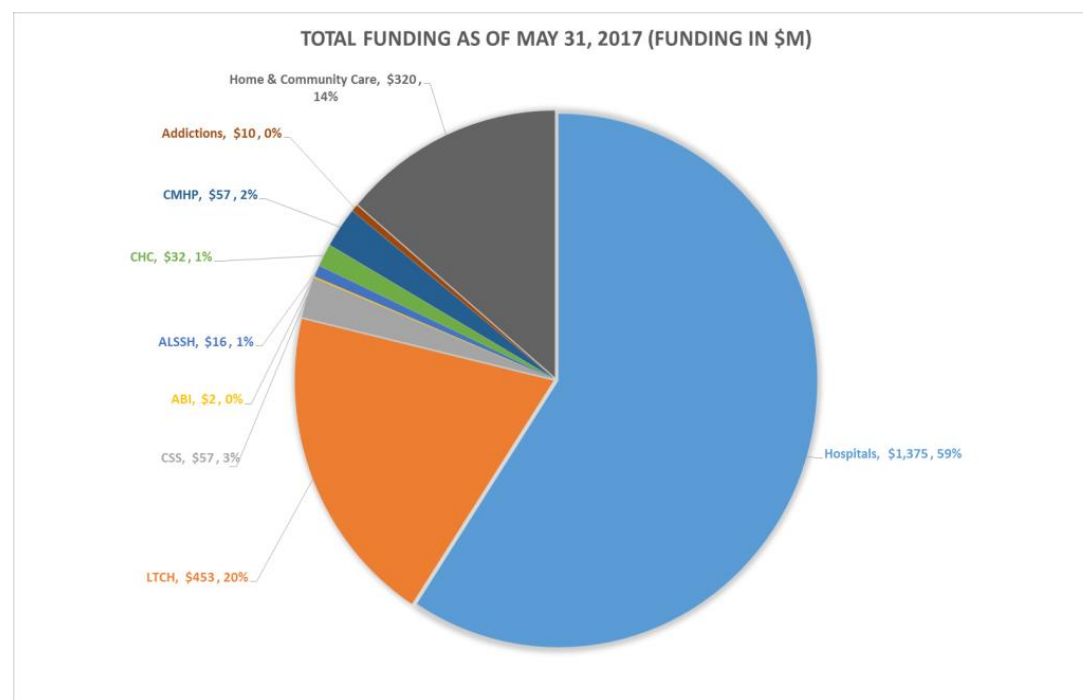
## Health Service Providers Operations

Funding for Services - \$2,002,000,000

- 8 hospitals operating on 15 sites
- 68 Long-Term Care Homes
- 41 Community Support Services
- 3 Acquired Brain Injury Services
- 16 Assisted Living Services in Supportive Housing
- 6 Community Health Centres
- 21 Community Mental Health Programs
- 6 Addictions Programs
- 11 Diabetes Education Programs

## LHIN Operations Funding for Services - \$320,235,334

- Home and Community Care services



# Achievements of Ontario's Health System

- Over the past decade, Ontario's health care system has improved in a number of important ways:



Established in 2006, LHINs have demonstrated success in integrating local health care systems.



94% of Ontarians now have a regular family health care provider.



92% of home and community care clients say their care experience has been good, very good or excellent.



36 public health units in Ontario delivering its programs and services using a population health approach.



# The Case for Change

Despite significant progress over the past ten years, we still need to do more to ensure that the health care system is meeting the needs of Ontarians.

1

Some Ontarians are not always well-served by the health care system.

2

Many Ontarians have difficulty seeing their primary care provider when they need to, especially during evenings or weekends.

3

Some families find home and community care services inconsistent and hard to navigate; family caregivers can experience high levels of stress.

4

Public Health services are disconnected from parts of the health care system; population health not a consistent part of system planning.

5

Health services are fragmented in the way they are planned and delivered; fragmentation can affect the patient experience and can result in poorer health outcomes.

# Summary of the *Patients First Act, 2016*

## Part 1 - LHIN Governance and Mandate

- Amends LHIN objects to reflect LHIN role in home and community care, health promotion, equity
- Requires LHINs to establish sub-regions
- Allows for establishment of entity to support LHINs with shared services, e.g. payroll
- Requires each LHIN to have one or more Patient and Family Advisory Committees

## Part 2 - Primary Care

- Adds primary care models (not physicians) as health service providers funded by LHINs
- Allows LHINs to collect information about practice and service capacity from primary care

## Part 3 - Home and Community Care

- Provides for transfer of CCAC staff and functions to LHINs

## Part 4 - Public Health

- Establishes a formal relationship between LHINs and local boards of health

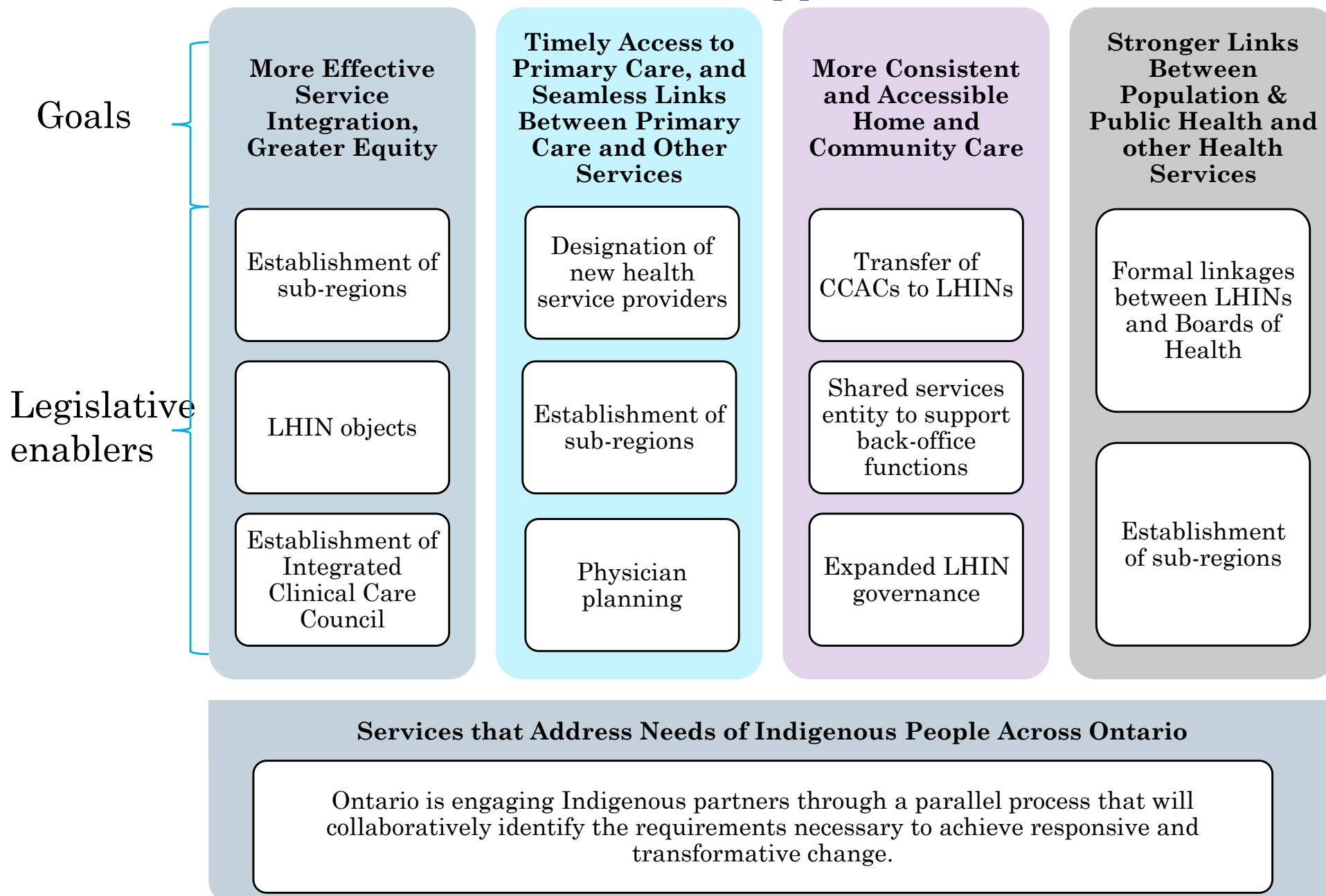
## Part 5 - Accountability

- Gives LHINs accountability mechanisms for health service providers and long-term care homes
- Gives Minister accountability mechanisms for LHINs and ability to set standards

## Part 6 - Complementary Legislative Changes

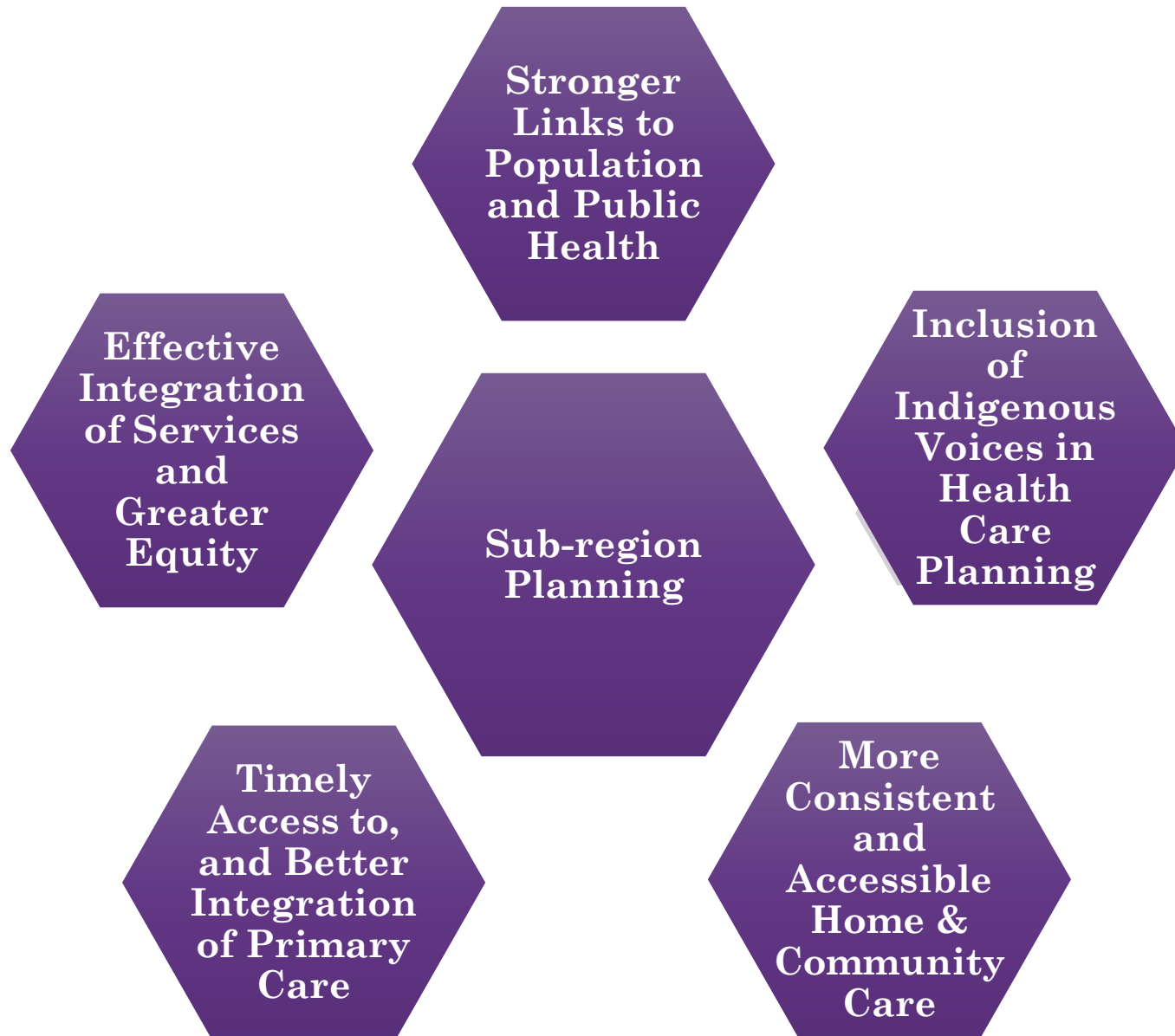
- Allows for integrated clinical care council to be established to advise on clinical standards
- Gives Patient Ombudsman oversight of complaints for health services provided/arranged by LHINs
- Allows for provincial Patient and Family Advisory Council

# How the *Patient's First Act, 2016* supports Transformation





# Ministry Mandate: *Patients First Act, 2016*



# Building on a foundation of Community Engagement



<https://www.youtube.com/watch?v=Rn2bN3jRppc&version=3&hl=en%5FUS&rel=0>

## Priorities for Change and Enablers - 2006

- **Priorities for change** are focused on the needs of people who need services (e.g., seniors).



- Mental Health and Addiction Services
- Seamless Care for Seniors
- Chronic Disease Prevention and Management
- Wait Times and Critical Care

- **Enablers** are strategies focusing on better delivering that service.



- e-Health
- Shared Non-Clinical Services
- Moving People through the System
- Safe Environments of Quality Care
- Health and Human Resources

## Our Foundation in Local Health Planning

The Central East LHIN's mission is to lead the advancement of an integrated sustainable health care system that ensures better health, better care and better value

<b>IHSP #1 – 2007-2010</b> Engaged Communities. Healthy Communities	Improving the health of communities through an integrated health care delivery system focused on wellness, equitable and timely access to care that delivers high quality outcomes.
<b>IHSP #2 – 2010-2013</b> Save 1 Million Hours – Save 10,000 Days	Supporting hospitals and community organizations to integrate services to reduce emergency department use for all residents, and hospital admissions and length of stays for people with vascular conditions.
<b>IHSP #3 – 2013-2016</b> Community First	Creating an integrated community-based health system, so that Central East LHIN residents spend more time in their homes and their communities.
<b>IHSP #4 – 2016-2019</b> Living Healthier at Home	Advancing integrated systems of care to help Central East LHIN residents live healthier at home.

# Priority for Change - Mental Health and Addictions – IHSP 1



*“We could not find anywhere to go for help.”*

*“There is no connection between agencies, no flow of information, and that has to change.”*

*“The whole system is choked down with paperwork and duplication and it doesn’t work.”*

*“There is also a need for more community services for people with addictive behaviours, from eating disorders to alcohol, drug and gambling addictions.”*

*“There should be a transitional place, a safe environment where people can spend a couple of months getting interim care, learning job skills and how to cope in the community.”*

# Priority for Change - Seamless Care for Seniors – IHSP 1



*“It helps to have a good sense of humour.”*

*“Caregiver burnout is a problem for those looking after an ageing family member.”*

*“We have our frustrating days and we would all love to have respite. Support groups for caregivers are important because you learn that you are not alone, you can throw ideas around and there is the opportunity of introducing your senior to others.”*

*“Its important to educate people as they approach the senior years on what help is available.”*

*“With children now moving far away from home, more seniors find themselves alone as they age.”*

# Priority for Change - Chronic Disease Prevention and Management – IHSP 1



*“When you have trouble breathing, you need to be pushed to exercise.”*

*He was looking for a rehabilitation program and discovered many of the doctors he spoke to were not aware of any programs.*

*“Doctors should have more information about these clinics.”*

*Reg was going to the maintenance exercise program and described the effects as “absolutely wonderful.”*

*The clinic allowed him to meet and mix with others in the same condition.*



## IHSP Strategic Aims – Palliative Care – IHSP 3

Increase the number of palliative patients who die at home by choice and spend 12,000 more days in their communities by 2016.



# Palliative Care

*“We did what she wanted and what I knew was right and brought her home to spend the remaining time surrounded by family and friends.”*

*“People travelled from across the country to sit by her bed, have a visit and say goodbye.”*

*“Why was there a delay in sending her medical information from the hospital to the home care agency when we brought her home?”*

*“We need information on what’s out there, where are the people who can help us care for our family members. Make sure we gain the confidence by knowing what to do.”*



## LHIN Business Cycle – since 2006

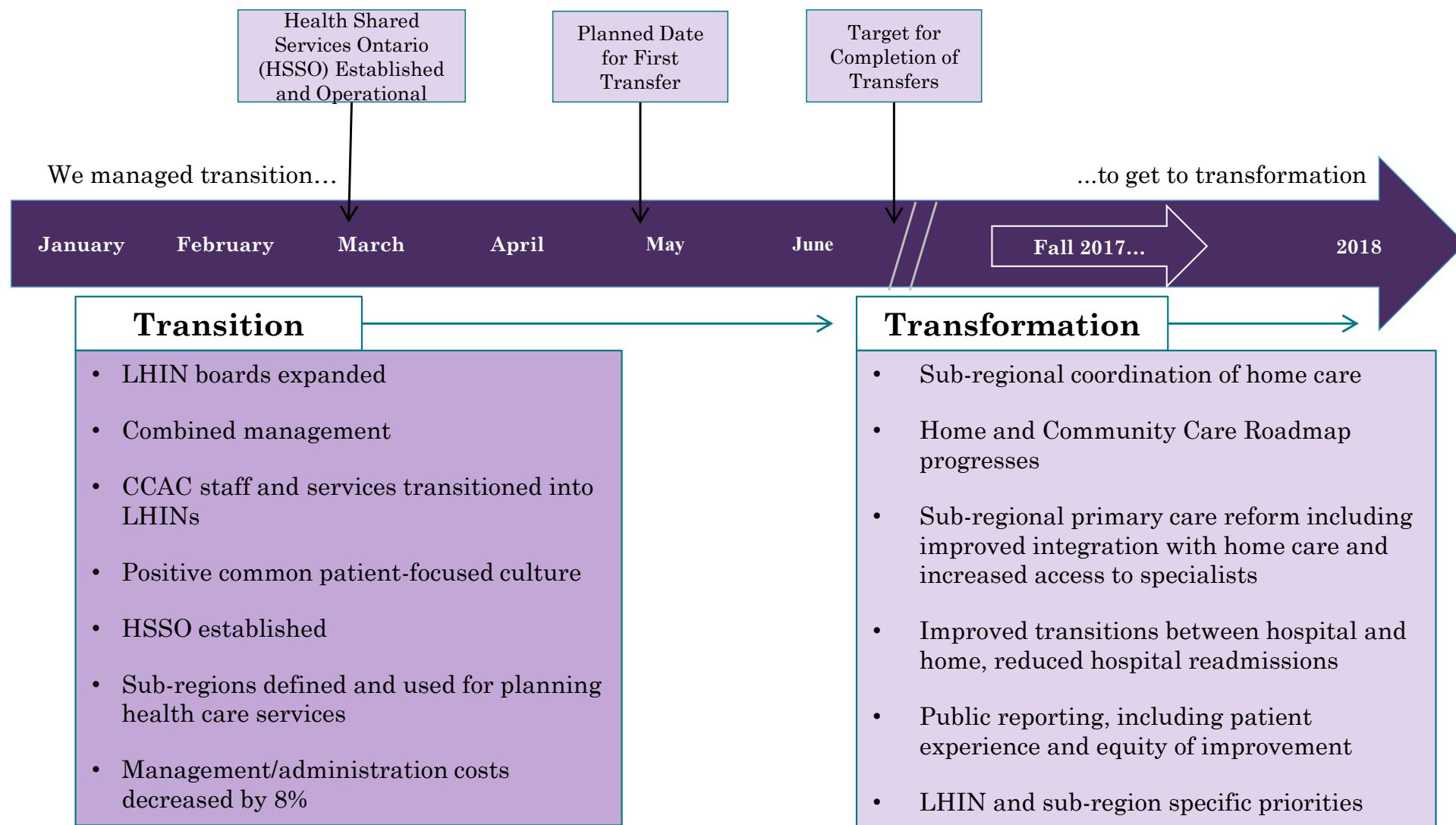
- equitably allocating funding based on patient need
- ensuring the timely delivery of services through volume acquisition and allocation
- taking steps to make sure that organizations have balanced budgets
- supporting innovative service delivery models and the capital construction that supports their implementation
- building stronger relationships
  - with other parts of the health system, including Public Health
  - municipal partners in local government, education, policing and emergency services
  - primary and specialty care providers
  - priority populations – Francophone community and Indigenous communities
  - patients and caregivers
- sharing and integrating best practices with other LHINs
- supporting, reviewing and facilitating integrations

# **“Integration” as defined through Legislation**

## *Local Health System Integration Act*

- 2(1) “integration” includes
  - to co-ordinate services and interactions between different persons and entities;
  - to partner with another person or entity 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 or to dissolve or wind up the operations of a person or entity.

# Through Transition, Towards Transformation



# Engaged Communities, Healthy Communities

## *Engaged Communities*

- People are proactively managing their own health and wellness.
- People are involved in designing their health care system.
- People are participating in planning the coordinated delivery of their care.


## *Healthy Communities*

- People have timely and equitable access to care.
- Health care providers and their partners work together to improve the health and well-being of their communities.
- The health of the population has improved.

# Clinical Division

# Clinical Division – Specialty and Primary Care Physician Leads

- accountable for improving clinical integration and the achievement of sub-region strategic objectives, performance metrics and quality goals

 <p><b>Dr. David Borenstein</b> Clinical Quality Lead, Central East LHIN and Health Quality Ontario</p>	 <p><b>Dr. Ed Osborne</b> Regional Palliative Care Physician Lead, for the Central East Region</p>	 <p><b>Dr. Avnish Mehta</b> Primary Care Physician Lead - Scarborough South sub-region</p>
 <p><b>Dr. Ilan Fischler</b> Mental Health and Addictions Physician Lead, Central East LHIN</p>	 <p><b>Dr. Randy S. Wax</b> Critical Care Physician Lead, Central East LHIN</p>	 <p><b>Dr. Phil Stratford</b> Primary Care Physician Lead - Northumberland County sub-region</p>
 <p><b>Dr. K. Jennifer Ingram</b> Seniors Physician Lead, Central East LHIN</p>	 <p><b>Dr. Judith A. Armstrong</b> Primary Care Physician Lead - Peterborough City and County sub-region</p>	 <p><b>Dr. Lubna Tirmizi</b> Primary Care Physician Lead - Durham West sub-region</p>
 <p><b>Dr. Gary M. Mann</b> Emergency Medicine Physician Lead, Central East LHIN</p>	 <p><b>Dr. Rahim Ladak</b> Primary Care Physician Lead - Durham North East sub-region</p>	 <p><b>Dr. Sheila-Mae Young</b> Primary Care Physician Lead - Haliburton County and City of Kawartha Lakes sub-region</p>

# LHINs' increasing role in Primary Care

LHINs, in partnership with local clinical leaders, will take responsibility for linking patients with primary care services, health workforce planning, and improving access to inter-professional teams.

- **Primary care models:** (ie. Family Health Teams) can now be funded by LHINs (this does not include the physicians)
- **Health Care Connect:** LHINs now employ the Care Connectors who worked in legacy CCACs, helping individuals to be matched with a primary care provider
- **Workforce Planning:** LHINs' recommendations inform the ministry's designation of high needs area for primary care providers. Health Force Ontario regional advisors are co-located with LHIN staff in each LHIN to support workforce planning.

## **LHINs' ongoing role in Strategic Aims and Enablers**

- Ongoing recruitment of Geriatricians and Geriatric Specialists
- Continuing to build Palliative and End-of-Life Capacity
- Working with local leaders on the stability of Emergency Department staffing
- Supporting timely repatriation of Critical Care patients inside and outside of the LHIN
- Providing clinical leadership in the development of the Central East LHIN Regional Mental Health and Addictions Plan
- Working with provincial and local champions on clinical quality pathways and best practices



# LHINs' increasing role in Quality Service Delivery Models

- Central Intake model for hip and knee replacement – to be implemented in 2018
- Inter-professional Spine Assessment and Education Clinics model (ISAEC) – to be implemented in 2018
- Central East LHIN Regional Stroke Strategy – in development
- Central East LHIN Regional Clinical Quality Committee - underway

No part of the *Patients First Act, 2016* changes the control that patients currently have over all aspects of their healthcare.

Patient choice remains paramount and health care will not be disrupted.

# Quality and Safety

The Central East LHIN Board defines health care as being patient-centred, safe and of high-quality.

Health Service Providers will:

- Meet defined standards and targets for safety and quality of services.
- Deliver high-quality and safe care informed by patient experience.
- Demonstrate ongoing improvement in the quality and safety of services and care.

The LHIN will:

- Hold providers accountable for safety and quality of services in accordance with their Service Accountability Agreements.
- Consider quality, safety and patient experience as criteria for evaluation and decision-making.
- Ensure that actions or decisions positively impact the quality and safety of the health system.

# Home and Community Care Division

# Central East LHIN Branches



# Home and Community Care

## Facts & Stats April 1<sup>st</sup> – August 31, 2017

### CENTRAL EAST LHIN SYSTEM PROFILE

Serves an area of over  
**16,673**  
sq. km. with  
**1.7** million residents

**8** hospitals  
operating out of  
**15** sites

**68** Long-Term  
Care Homes with  
**9,957** beds

**9**  
school boards and  
**2**  
Children's Treatment  
Centres

**7** Family Health  
Teams,  
**6** Community  
Health Centres

**131**  
Total Health Service  
Providers

**2<sup>nd</sup>** largest based on  
area population  
**6<sup>th</sup>** largest LHIN  
based on  
geography

**4**  
Public Health Units

**47**  
Community Support  
Service Agencies



### CENTRAL EAST LHIN HOME AND COMMUNITY CARE SERVICES PROFILE

Budget  
**\$326 million**

93% - service provider contracts  
and care coordination  
3% - general administration  
2% - information technology  
2% - facilities costs operations



Provided  
**1,949**  
palliative patients  
with in-home end  
of life care



**27,336**  
visits were made  
made to our  
nursing clinics



**17,314**  
patient transfers  
were made from  
hospital to home

Supported  
**14,893**  
new applications  
to Long-Term  
Care Homes and  
facilitated the  
placement of  
**1,439**  
individuals

Centralized  
Diabetes Intake  
Care Coordinators  
assessed and  
referred  
**944**  
patients to  
Diabetes Education  
Programs and  
the Centre for  
Complex Diabetes  
Care

Served  
**64,563**  
unique patients

Provided  
**11,732**  
children with  
School Health  
Support Services

Connected  
**2,896**  
patients to a  
Primary Care  
Provider through  
the Health Care  
Connect Program

Served an average of  
**43,767**  
patients each day

# Patients First: A Roadmap to Strengthen Home and Community Care

1. Develop a Statement of Home and Community Care Values
2. Create a Levels of Care Framework
3. Increase Funding for Home and Community Care
4. Move Forward with Bundled Care
5. Offer Self-Directed Care
6. Expand Caregiver Supports
7. Enhanced Support for Personal Support Workers
8. More Nursing Services
9. Provide Greater Choice for Palliative and End-Of-Life Care
10. Develop a Capacity Plan

# **LHINs' ongoing role in improving transitions between hospital and home and reducing hospital readmissions**

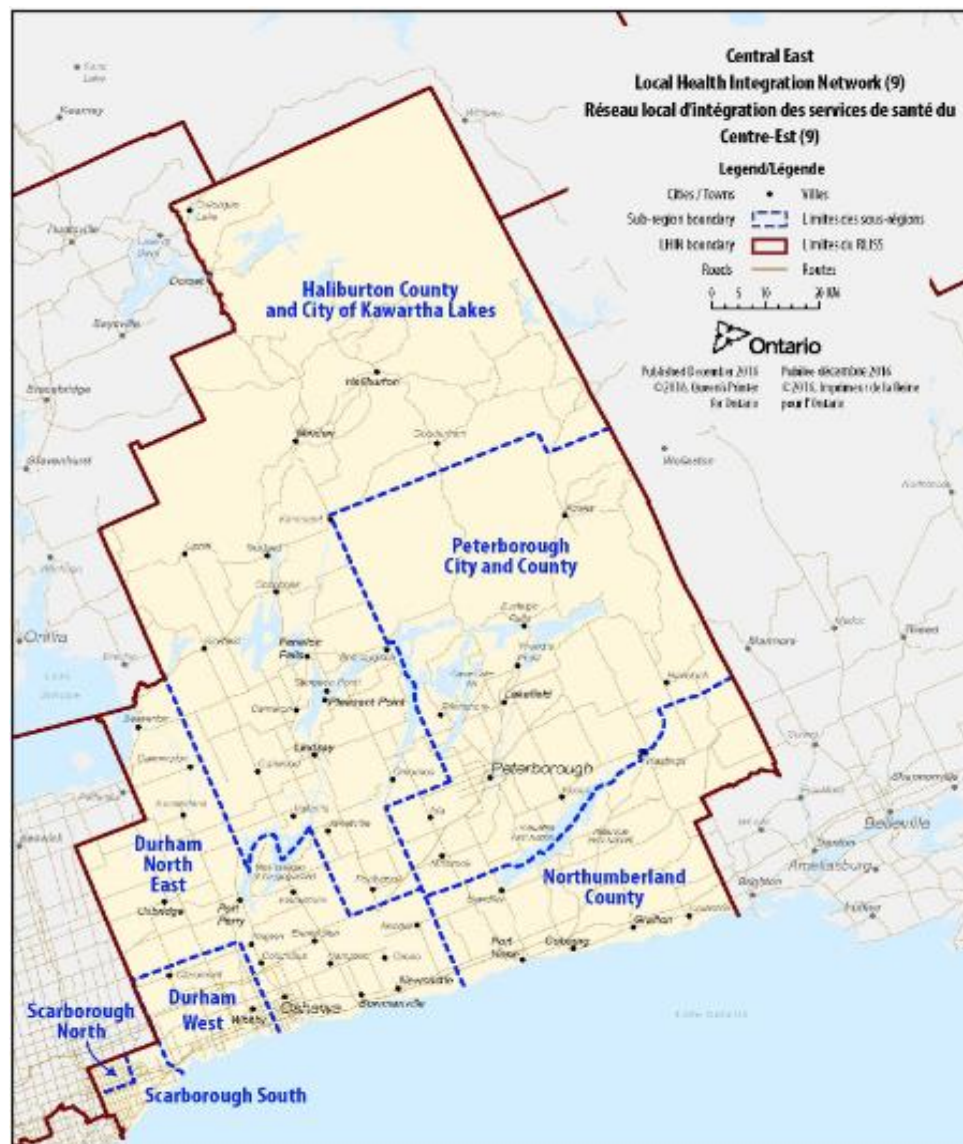
- Embed Care Coordinators into primary care settings
- Work with our pan LHIN and Ministry partners on the Levels of Care framework
- Enhance the current Self Directed Care model
- Continue to deliver on programs, services and initiatives including the ED Division project; Centralized Intake for Complex Diabetes Care; Self Management; BSO; NPSTAT team; Telehomecare; Telewoundcare; Palliative Care Nursing Team; Total Contact Casting
- Continue to support our Hospital partners with the *Home First* philosophy
- Co-ordinate a regional focus on Alternate Level of Care (ALC) challenges

# **Health System Strategy, Integration, Planning and Performance Division**



# Central East LHIN Sub-regions

- Scarborough North
- Scarborough South
- Durham West
- Durham North East
- Northumberland County
- Peterborough City and County
- Haliburton County and City of Kawartha Lakes



## Central East LHIN Sub-regions

Cluster	Sub-Region	km <sup>2</sup>	%	Population	%	Density per km <sup>2</sup>
Scarborough	Scarborough North	42.4	0.3	176,615	11.8	4165.5
	Scarborough South	138.3	0.8	417,060	27.9	3015.6
Durham	Durham West	449.1	2.7	320,400	21.4	713.4
	Durham North East	2,172.1	13.0	287,800	19.2	132.5
North East	Northumberland County	1,766.9	10.6	71,200	4.8	40.3
	Peterborough City and County	4,215.2	25.3	134,920	9.0	32.0
	Haliburton County and City of Kawartha Lakes	7,893.8	47.3	90,260	6.0	11.4
<b>Totals</b>		<b>16,667.8</b>	<b>100</b>	<b>1,497,255</b>	<b>100</b>	<b>89.8</b>

# As geographic foundations for the development of local integrated systems of care

## LHIN Sub-Regions ...

- Bring together health system and community partners, as well as clinical leadership, at the local level in health system planning and improvement
- Enable more focus on assessing population health need and service capacity
- Provide health system data and information for the population of the sub-region

## LHIN Sub-Regions don't...

- Result in more bureaucracy. Sub-regions will utilize existing LHIN staff in more effective ways - no new organizations are being formed
- Impede ministry or LHINs' obligations to engage with provincial and regional partners and patients. These will continue
- Infringe on traditions or established jurisdictions in the planning, delivery or improvement of health services

## Central East LHIN Sub-region Tables - Perspectives

- Patients
- Caregivers
- Representatives from the Indigenous communities
- Representative from the Francophone community
- New Immigrant representatives
- Primary Care
- Specialists
- Hospital sector
- Public Health Units
- Municipal Services
- Community Health Centres/Family Health Teams
- Community Support Services sector
- Long-Term Care Home sector
- Mental Health sector
- Addictions sector

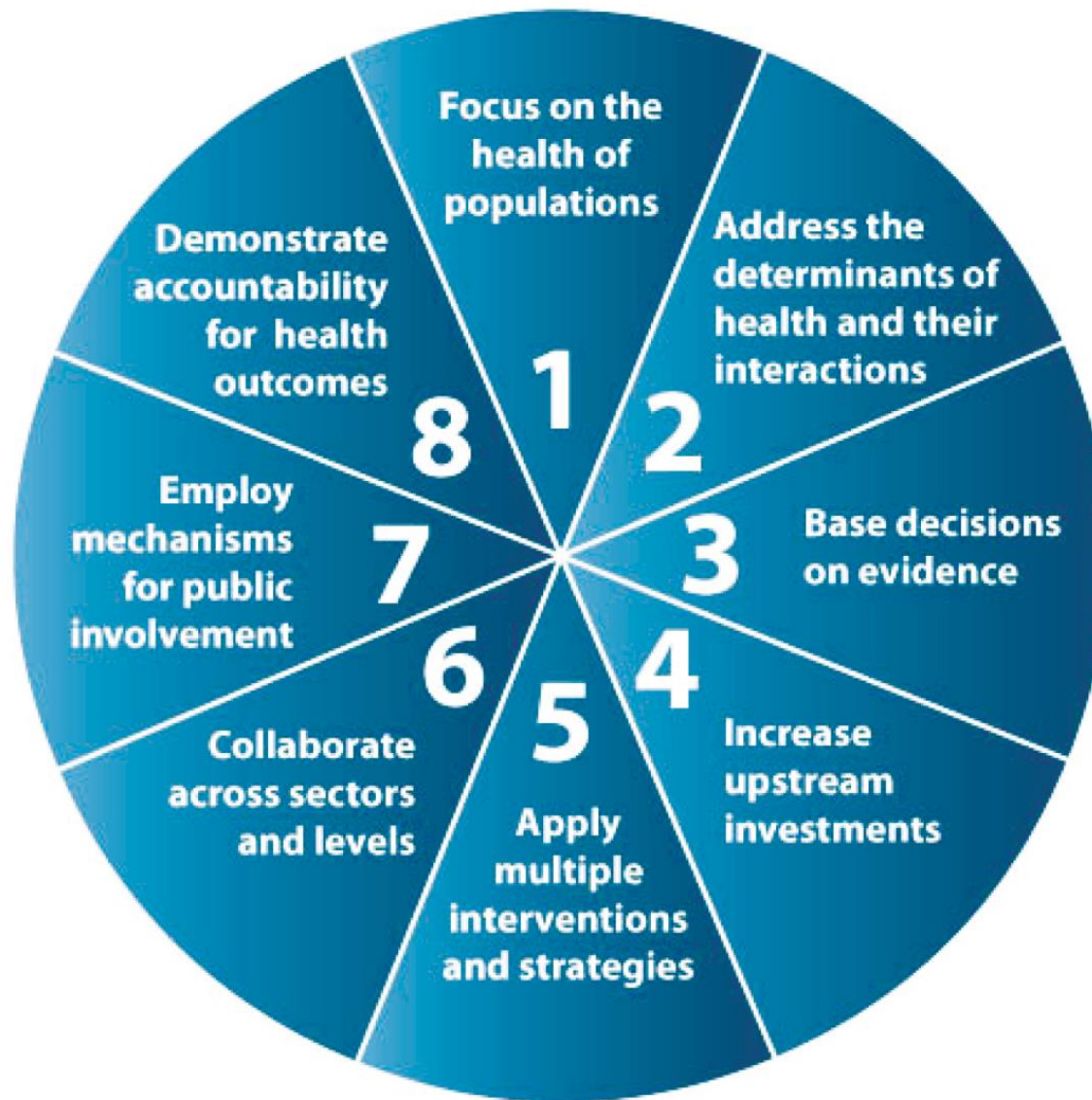
## Central East LHIN Sub-region Tables - Mandate

- The Central East LHIN has established Sub-region Planning Tables to:
  - Foster joint accountability for innovative, integrated system redesign
  - Address health and service gaps
  - Advance quality
  - Improve patient experience and outcomes

# Applying a Population Health Approach

- Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups.
- In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.
- This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health. The best articulation of this concept of health is "the capacity of people to adapt to, respond to, or control life's challenges and changes" (Frankish et al., 1996).

## Applying a Population Health Approach - continued





# Central East LHIN Sub-region Planning - Governance Model

## Steering Committee

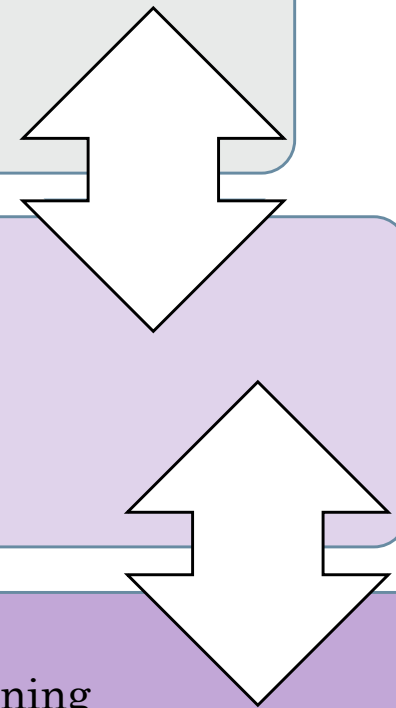
- Provide strategic direction and oversight to support the work of the Planning Tables by advancing Planning Table recommendations to the Central East LHIN
- Offer recommendations for local Sub-region investment and reallocation of savings/surplus

## Sub-region Planning Tables (7)

- Foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes
- Monitor local health system performance

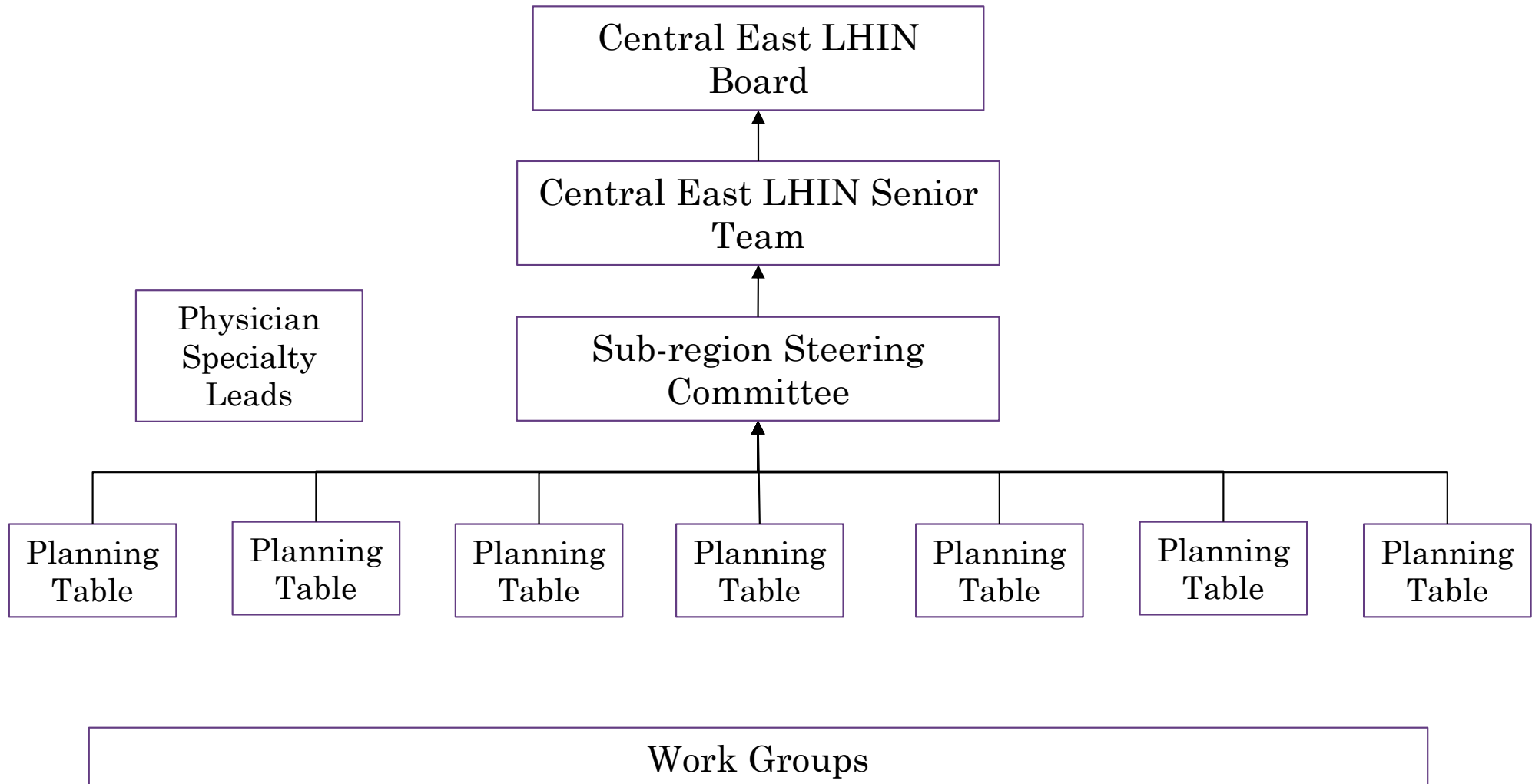
## Work Groups

- Implement change ideas/solutions identified at Planning Tables
- May serve single or multiple sub-regions
- Consideration to re-purpose existing system priority planning tables





# Central East LHIN Sub-region Planning – Governance Model - continued



# Central East LHIN Sub-region Planning - Scope

## In Scope ...

- Assess local health needs
- Plan to improve patient experience
- Implement innovative, integrated strategies
- Evaluate local health system performance
- Address system-level concerns, issues, and risks

## Out of Scope ...

- Governance of the sub-region health care system
- Decision-making regarding service delivery operations and funding of individual providers/entities within the sub-region
- Advancing collective action on sub-region priorities without endorsement of the Central East LHIN
- Advocacy on behalf of organizational interests or political interests
- Addressing specific patient's concerns

# Service and System Integration/Fiscal Responsibility

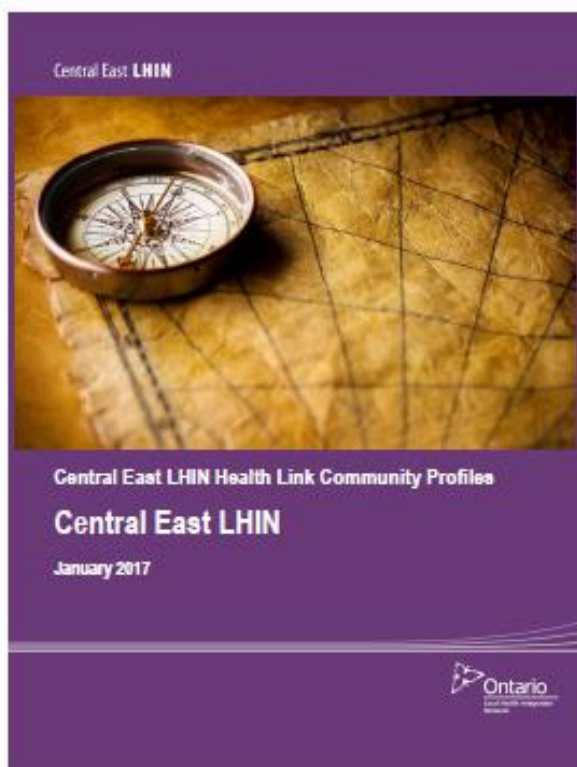
This is a LHIN that works with all partners to integrate the health care delivery system to better meet the current and future needs of patients, caregivers and communities:

- By supporting the creation and implementation of provincial and LHIN strategic plans to guide local decision making.
- By engaging stakeholders to identify opportunities to enhance the health care experience and improve the system of care.

And this is a LHIN that:

- Prioritizes high quality and high performance when allocating funding.
- Invests in initiatives that lead to patient-centred care across the care continuum, greater coordination of care, and quality outcomes.

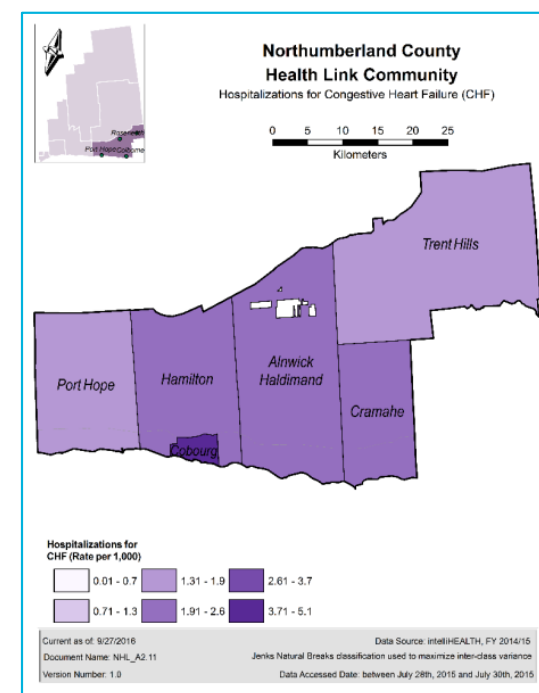
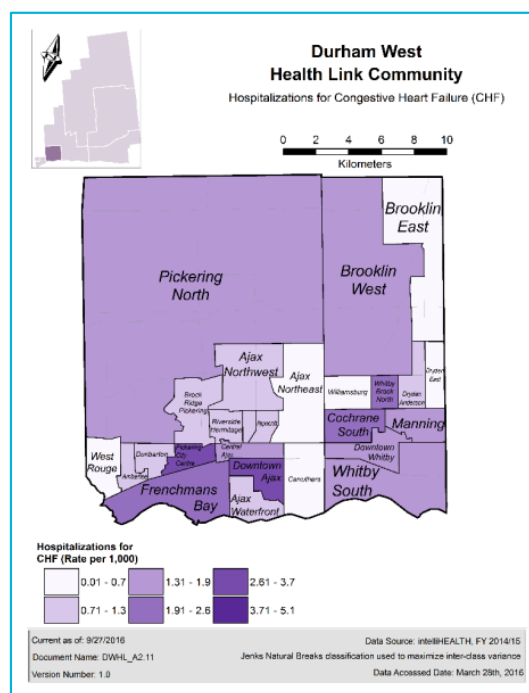
# Sub-region Profiles and Data Tools



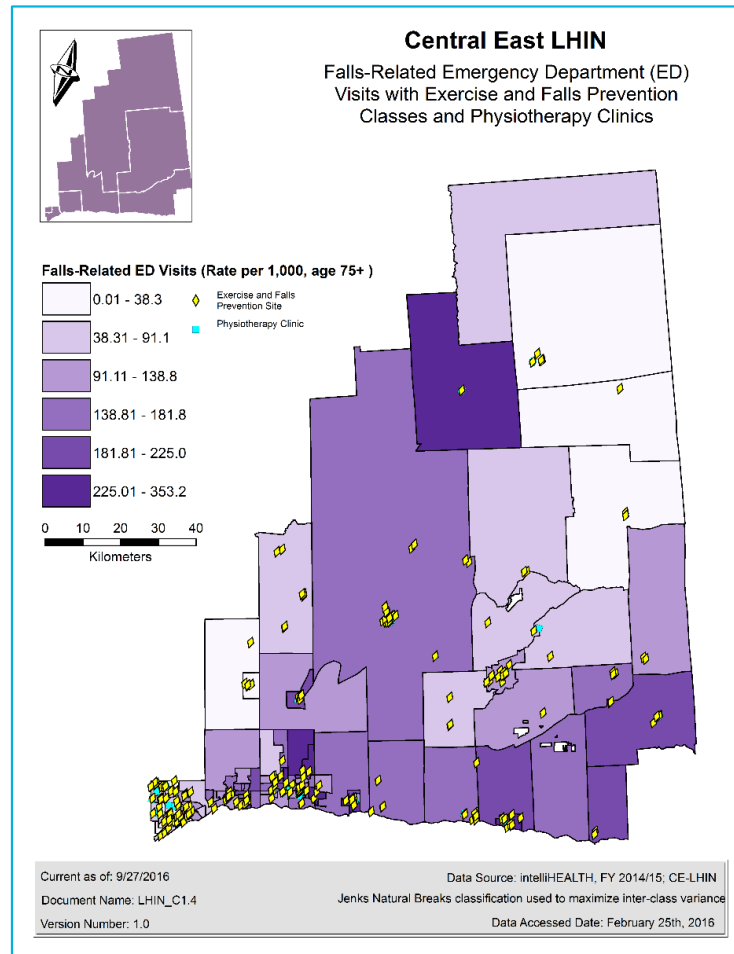
## Sample Maps A 2.11 Hospitalizations for Congestive Heart Failure (CHF, rate per 1,000)

Sub-region with **Lower** CHF Hospitalizations:  
1.40 rate per 1,000

Sub-region with **Higher** CHF Hospitalizations:  
2.77 rate per 1,000



# Layered Map: Falls-Related ED visits (75+ population) with Exercise and Falls Prevention Classes and Physiotherapy Clinics



## Central East LHIN

Map (choropleth): Falls-Related ED Visits rate per 1,000 aged 75+

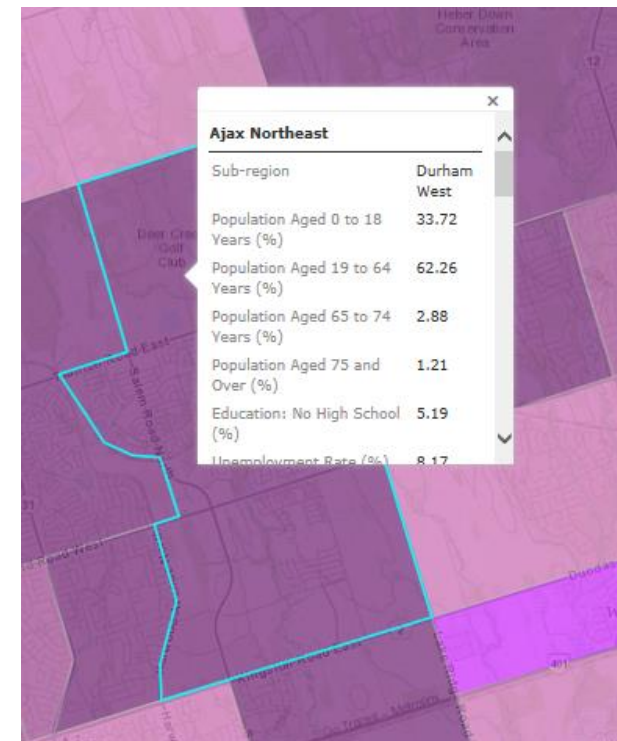
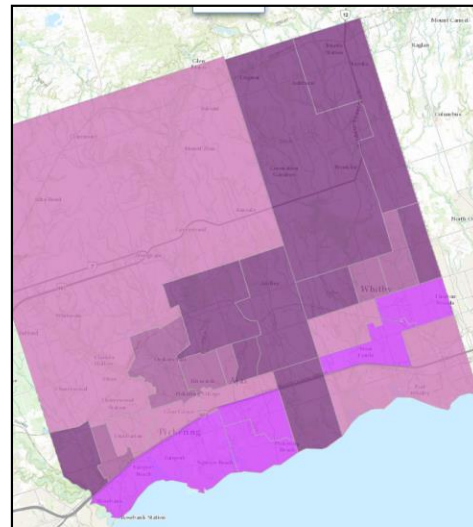
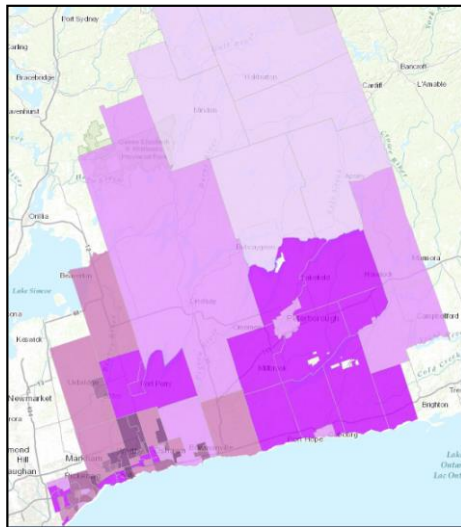
*overlay with*

Map (location): Exercise and Falls Prevention Classes and Physiotherapy Clinics rate per 1,000 aged 75+

# Hot off the presses

Profiles have now migrated to a web-enabled tool.

Population Descriptors
<a href="#">Durham North East Neighbourhoods</a>
<a href="#">Durham West Neighbourhoods</a>
<a href="#">Haliburton County and City of Kawartha Lakes Neighbourhoods</a>
<a href="#">Northumberland County Neighbourhoods</a>
<a href="#">Peterborough City and County Neighbourhoods</a>
<a href="#">Scarborough North Neighbourhoods</a>
<a href="#">Scarborough South Neighbourhoods</a>
<a href="#">Comparative Data Tables for Neighbourhoods, sub-regions and Central East LHIN</a>



To use the web-enabled tool, please visit [www.centraleastlhlin.on.ca](http://www.centraleastlhlin.on.ca) and click on Priorities – Sub-Regions

# **Sub-region Planning Table members**

# Scarborough North Sub-region Planning Table Members

## Scarborough North Sub-region Co-Chairs:

- vacant, Primary Care Physician Lead
- Farrah Hirji, Director, System and Sub-region Planning and Integration

## Core Members:

- |                         |                  |
|-------------------------|------------------|
| • Lisa Patrovannie      | • Jeanie Joaquin |
| • Pamela West           | • Helen Leung    |
| • Ameth Lo              | • Cathy Fiore    |
| • Dr. Sandy Finkelstein | • Cindy Kwok     |
| • Michele James         | • Bonnie Wong    |



# Scarborough South Sub-region Planning Table Members

## Scarborough South Sub-region Co-Chairs:

- Dr. Avnish Mehta, Primary Care Physician Lead
- Lori Brady, Director, System and Sub-region Planning and Integration

## Core Members:

- Phyllis G. Hill
- Renate Crizzle
- Simon Houle
- Dr. Lawrence S. Erlick
- Dr. Hubert Wong
- Nurallah Rahim
- Laszlo Cifra
- Sharon Campbell
- Liben Gebremikael
- Gurprit Matharu
- Lorraine Gibson
- Garfield Bembridge

# Durham West Sub-region Planning Table Members

## Durham West Sub-region Co-Chairs:

- Dr. Lubna Tirmizi, Primary Care Physician Lead
- Antoinette Larizza, Director, System and Sub-region Planning and Integration

## Core Members:

- Farah Nabi
- Nora Jay
- Nancy Steben
- Dr. Kosta Milankov
- Dr. Stephen H. Gallay
- Wanda Parrott
- Susan deRyk
- Laura MacDermaid
- Francis Garwe
- Denyse Newton
- Rob Adams

# Durham North East Sub-region Planning Table Members

## Durham North East Sub-region Co-Chairs:

- Dr. Rahim Ladak, Primary Care Physician Lead
- Jai Mills, Director, System and Sub-region Planning and Integration

## Core Members:

- Anne Frances Yaraskavitch
- Nancy Steben
- Stephanie Skopyk
- Dr. Carlos Yu
- Tom McHugh
- Lisa Mizzi
- Laura MacDermaid
- Janet McPherson
- Brent Farr
- Beth Brannon

# Peterborough City and County Sub-region Planning Table Members

## **Peterborough City and County Sub-region Co-Chairs:**

- Dr. Judith Armstrong, Primary Care Physician Lead
- Jeanne Thomas, Director, System and Sub-region Planning and Integration

## **Core Members:**

- |                      |                       |
|----------------------|-----------------------|
| • Jeff Westlake      | • Janet Burn          |
| • Julie Thompson     | • Linda Mitchelson    |
| • Suzanne Lavoie     | • Lori Richey         |
| • Kathy Hardill      | • Doreen Anderson Roy |
| • Dr. Warren Wilkins | • Mark Graham         |
| • Brenda Weir        | • Scott Pepin         |

# Northumberland County Sub-region Planning Table Members

## Northumberland County Sub-region Co-Chairs:

- Dr. Phil Stratford, Primary Care Physician Lead
- Jeanne Thomas, Director, System and Sub-region Planning and Integration

## Core Members:

- |                       |                     |
|-----------------------|---------------------|
| • Scott Macpherson    | • Janet Burn        |
| • Kaye Jackson        | • Lisa Horne        |
| • Nora Sawyer         | • Duff Sprague      |
| • Dr. Neil Pritchard  | • Trish Baird       |
| • Dr. Mukesh Bhargava | • Kylie Szczebonski |
| • Linda Davis         | • Jennifer Cox      |
|                       | • Donna Rogers      |

# Haliburton County and City of Kawartha Lakes Sub-region Planning Table Members

## Haliburton County and City of Kawartha Lakes Sub-region Co-Chairs:

- Dr. Sheila-Mae Young, Primary Care Physician Lead
- Kasia Luebke, Director, System and Sub-region Planning and Integration

## Core Members:

- Shari Comerford
- Dr. Bharat Chawla
- Dr. Bert Lauwers
- Carolyn Plummer
- Rod Sutherland
- Jean Kish
- Marina Hodson
- Catherine Danbrook
- Pamela Kulas
- Donna Rogers
- Gordon Langill

# Sub-region Steering Committee Members

## Co-Chairs:

- Dr. Barry Guppy, Vice President, Clinical Services
- Stewart Sutley, Vice President, Health System Strategy, Integration Planning and Performance

## Membership

- Deborah Hammons, Central East LHIN Chief Executive Officer (CEO)
- Randy Filinski, Patient and Family Advisory Committee Co-Chair
- Ann-Marie Yaraskavitch, Patient and Family Advisory Committee Co-Chair
- Lisa Burden, Vice President, Home and Community Care
- Katie Cronin-Wood, Director, Strategic Communications and Stakeholder Relations
- Co-Chair representation from each Sub-region Planning Table (rotating schedule of either System and Sub-region Director or Sub-region Primary Care Lead)

## Stay involved

- Central East LHIN website – Community Engagement Page
  - <http://www.centraleastlhin.on.ca/communityengagement.aspx>
- Central East LHIN website- Board Meeting Page
  - <http://www.centraleastlhin.on.ca/boardandgovernance/boardmeetings.aspx>
- Central East LHIN website – Sub-Regions Page
  - <http://www.centraleastlhin.on.ca/priorities/Subregions.aspx>
- Central East LHIN website – Priorities Page
  - <http://www.centraleastlhin.on.ca/priorities.aspx>
- Central East LHIN website – Home and Community Care
  - <http://healthcareathome.ca/centraleast/en>
- Central East LHIN – Contact Us Page
  - <http://www.centraleastlhin.on.ca/contactus.aspx>



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