

The Change Foundation / 2010-2013 Strategic Plan
Hearing the stories, changing the story

JUNE 2010



change the debate,

The Change Foundation is an independent policy think tank,
intent on changing the health-care debate, health-care practice
and the health-care experience in Ontario.

change the practice,



change the experience.



The Change Foundation is a small think tank with big ideas. Our goals are ambitious but we have a finely tuned focus, a deep pool of partners, and a practical plan to help us achieve them. We've set our sights on improving people's experiences as they move through Ontario's health-care system. Instead of being shuffled back and forth, people need to be connected to quality care and support wherever they are, clear about whom to turn to and talk to, assured of what comes next. We will listen to the lived realities of caregivers and their loved ones who need help and health care. We'll hear—and heed—what their experience tells us must be done. We'll engage with the stewards, stakeholders and users of our health-care system, sharing what we've learned on the ground, using evidence, analysis and argument to incite change. The change that's needed won't come easily or quickly to health care. And it won't come at all if we don't change the debate, change the practice, change the experience.

“My mom just needs a little home care now, how do I support her and keep working?”

“Is anyone listening to me?”

“Who’s in charge of my health care when I move between my doctor & specialist? Is it up to me to keep information flowing?”



WHERE WE’VE COME FROM

2007-2010: a shift in focus and function

The Change Foundation’s 2007-2010 strategic plan, *Contemplating the way we change, Changing the way we think*, shifted the Foundation from a granting agency to an independent think tank that generates research, analysis and informed debate for the stewards, stakeholders and users of Ontario’s health-care system. The plan carved out a new and narrower set of strategic directions to provide timely support to health system integration and quality improvement efforts underway in Ontario.

The Foundation built a body of knowledge to inform our advice on what helps or hinders health-care integration, drawing on our own research, on evidence from other jurisdictions and on insights from our wide-ranging engagement. We also invested in projects to improve patient transitions, to enhance the continuity of seniors’ care, and to better understand the needs of informal caregivers, the scope of safety problems in the community, and trends in the use of home-care services. Some of this work will spill over into our 2010-2013 strategic plan.

WHERE WE’RE GOING

2010-2013: a tilt in thinking

The Change Foundation remains steadfast in its commitment to support an integrated health-care system in Ontario. But now we’re adding a new, more tightly focused goal that will be our strategic priority from 2010 to 2013: **to improve the experience of individuals and caregivers as they move in, out of, and across Ontario’s health-care system over time and as their health changes.** This flows from what we’ve learned from patients and caregivers, and also from practitioners and researchers, over the past three years. We believe it should be front and centre in health-care reform – not just symbolically, but substantively. To this end we will keep the following questions top of mind:

- What are the lived experiences of individuals and caregivers as they try to navigate their way across the continuum of care over time?
- How can the process for providing health care be redesigned to yield better experiences and outcomes for people, especially at difficult transition points?
- How can health-care users be involved in a meaningful way – with their perspectives and experience taken into account – when changes are being contemplated, conceived and introduced?

A well integrated health-care system:

- connects you with the care you need; i.e., if your goal is to stay at home longer or manage your chronic condition better, you get the care you need to help you do that.
 - provides you with a range of appropriate services and supports.
 - helps you understand how the people who provide you with various services or supports connect with you – and with each other.
 - makes it clear who your key contact person is, to help you coordinate care to meet your changing needs.
- allows you to make decisions in your own best interest, and provides information to help you make them.
 - keeps you informed about all aspects of your care.
 - lets you know what comes next in your care.

A well-integrated health-care system means the process makes sense to you. It gives you confidence that all the providers you interact with are complementing each other's efforts, are respectful of each other's contributions, and are working together in your best interest.

- How much impact do factors such as respect, empathy, fairness, convenience and preferences have on people's health-care experience?
- What are the new ways and means to achieve better results, and what has to change?

Research shows that a high-performing health system understands, measures and responds to patient experience.¹ Our own work – the report, *Who is the Puzzle maker?*, in particular – reveals a rallying cry from patients and caregivers, calling for a health-care system that is less fragmented, easier to navigate, and more user-friendly. For Ontario's quality improvement agenda to advance, we need to learn how best to incorporate people's lived experience and their views directly into improvement methodologies. We also need to better understand the relationship between the quality of people's experiences and the extent to which our health-care services are well-integrated.

We expect that our work on improving the health-care experience for individuals and their caregivers will fortify – and also be fortified by – our earlier work on the need for system change. Understanding people's

interactions with the health-care system can help us ask the right questions about organizational relationships, infrastructure requirements, and attitudinal and behavioural attributes.

We know that from an individual's or caregiver's perspective, integration is not about structure. It's about process and communication. We know integration is not the whole answer when it comes to improving people's experience of health care, but its absence is part of the problem – just as better integration will be part of the solution. The Foundation's new emphasis is a tilt rather than a shift. Yet it's a meaningful tilt because it illuminates an essential perspective that is far too often overlooked, crowded out by other interests and imperatives.

¹ Baker, Ross et. al. (2008) *High Performing Healthcare Systems: Delivering Quality by Design*. Toronto: Longwoods Publishing Corporation.

“Can’t information for patients be clearer & easier to understand? Help me, help myself.”

“I’m confused...tell me what’s going on with me, and what happens next?”

“Dad’s going home after surgery & needs my help to stay independent. We just need a little support.”



Defining our goal

What our goal is **not** about:

- It’s not about improving clinical care, per se – though there is clearly a strong connection.
- It’s not about examining how individual health-care organizations are providing patient-centred care or improving patient satisfaction rates for episodic care.
- It’s not about advocating for patient empowerment; that’s the purview of other organizations.
- It’s not about pursuing purely theoretical interests in people’s experience with transitions in care across the system; other organizations are more suitably resourced to undertake this.

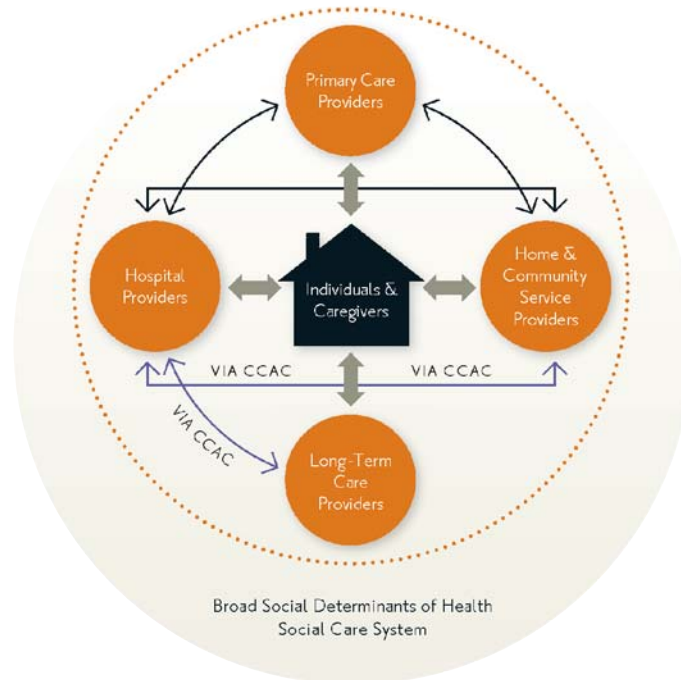
What our goal **is** about:

- It is about probing, defining and identifying the value of rethinking and redesigning our health-care system from the user’s point of view, mindful of the needs of the people for whom it was designed – those who need health services and the people who support them.

- It is about looking at the whole journey through the eyes of the individual, especially at transitions between services and at experiences over time.
- It is about capturing patient and caregiver experience and involvement with the health-care system, and using it as a tool to improve health outcomes and quality of life.
- It is about working with providers to implement ideas for change and improvement, derived from the experiences of individuals and caregivers.
- It is about promoting individuals and caregivers as partners in their own care – an ingredient of good quality services.

‘Something Missing’ – taking stock of the new reality

One reason for our focus on the quality of people’s experience is that we have identified it as a missing piece in the health-care puzzle. Progress has been made in some aspects of health care – for example, the creation and uptake of clinical guidelines, evidence-based decision-making, practitioner support roles, more interdisciplinary care, and the beginnings of a Quality Improvement agenda. But there is something missing – something that matters: the involvement, experiences and engagement of the people who use the system.



The Change Foundation strategic goal:

to improve the experience of caregivers and individuals as they move in, out of, and across the health-care system over time.

The Foundation will adopt a participatory approach to the following four methods: research, policy analysis, quality improvement, and engagement.

We know that successful businesses are those which are truly customer-focused, viewing a dissatisfied customer as evidence of their own failures.² But in our health-care system, such is not the case. Instead, people try to wend their way through a maze of services during difficult times in their lives. In the absence of a system that anticipates and adequately meets their needs, they are turning to each other for help – often through social media networking sites, and other communities of practice. They are sharing information and trying to manage their own health care rather than leave it to luck. This isn't everyone's story, of course, but it is an emerging reality. Our strategic plan acknowledges this, and seeks to understand and work within this more participatory world.

The Change Foundation's new strategic plan will be our blueprint for the next three years. We will set markers by which to measure our success as we work to make people's experience paramount and bring it to the forefront of health-care reform. To achieve this, we believe we must change the debate, change the practice, and change

the experience. We must make individuals and caregivers part of the process, and bring their perspectives to bear in the rethinking and redesign of Ontario's health-care system.

² Lewis, S. (2009). Patient-Centred Care: An Introduction to What It Is and How to Achieve It. A Discussion Paper for the Saskatchewan Ministry of Health.



DEVELOPING THE PLAN

Getting input, finding insights

The Change Foundation began its strategic plan renewal in the fall of 2009. We conducted an environmental scan to survey emerging trends in the health-care system landscape and to see what other organizations were doing in relation to key areas of interest for the Foundation – person-centred care, integrated care for patients, quality and innovation, and equity and population health. [Read environmental scan.](#) (also available at www.changefoundation.com).

Our thinking was honed and enhanced by a group of advisors and stakeholders who generously gave us their finest thought. We conducted:

- key-informant interviews with 16 senior health and social care executives;
- three meetings with a high-profile, 14-member sounding board to bounce ideas off, and test potential new directions; and
- three discussion forums with 31 participants from the primary care, community care, hospital and long-term care sectors, patients, provider associations, quality organizations, Local Health Integration Networks (LHINs), and the Ministry of Health and Long-Term Care (MOHLTC).

What did we hear and learn?

We learned the full extent to which the numbers of frail elderly are increasing, as well as adults and youth with chronic and complex conditions and disabilities. These are the people who have the most interactions with multiple providers. These are the ones who suffer most from the problems of access, continuity, fragmentation and quality that exist in our health-care system.

We understand that their needs and preferences will differ at various stages of illness and disability. We know that these two groups – the frail elderly, and adults and youth with chronic or complex conditions – with their changing needs over time, will benefit the most from a well-integrated health system.

We learned how fully our existing system is based on specialization, segmentation and differentiation – the degree to which it is oriented to acute and episodic care. Our system is not “customer”-focused. Individuals and their caregivers have to do the adapting; their needs and preferences tend to be viewed as secondary to the way the system works. As a participant in one of our Puzzle maker focus groups noted, “Sometimes the process just doesn’t make sense; couldn’t it just be a bit more logical?”

“I’m confused, tell me what’s going on with me, and what happens next?”

“Things make more sense now.”

“Who’s coordinating my health care when I need help from so many different people in different places?”

We know we have a serious mismatch on our hands between people’s needs and preferences and the current health-care delivery system. As The Change Foundation heard clearly on numerous occasions – and reported in *Puzzle maker* – navigating the system is a challenge. The lack of coordination and communication among various parts and players in our health-care system leaves patients and their caregivers feeling frustrated, confused and forgotten.

We know that integrated care has been pursued in many jurisdictions over the last two decades as a means to enhance system efficiency, quality of care, quality of life and consumer satisfaction, especially for complex and multi-problem patients. In keeping with our 2007-2010 strategic plan, The Change Foundation undertook significant developmental work to understand the elements of a well-integrated health-care system. We learned that for an individual or caregiver, integration is about the processes they must follow; about how they move from one part of the system to another.

More and more, we see people expressing an interest in being more active navigators, decision-makers and partners in their own care. They are no longer content to be passive recipients of health care. With Web 2.0, segments of the population are embracing technology as a means to search for health information, share personal stories about navigating the system, and find tools to self-manage and enhance the patient-provider relationship. Web 2.0 and its impact on how the public interacts with health-care providers and organizations is expected to become even more significant.

We also know there is a risk involved: this technological development and increase in patient participation could introduce new inequities for people who lack the skills, interest or support to be informed consumers and active decision-makers. As we reported in *Puzzle maker*, focus group participants expressed concern for those who weren’t capable of advocating for themselves, and didn’t have a family member to act on their behalf. We believe that learning from the experiences of individuals and caregivers can result in positive changes to service delivery processes, improving everyone’s experience – and the system as a whole.

³ Leutz, w. (1999). “Five Laws for Integrating Medical and Social Services: Lessons from the United States and the United Kingdom.” *The Milbank Quarterly* 77(1): 77-110.



We see individuals and caregivers as a neglected resource who – when treated as true partners in their care, and provided with tools to support them in their decision-making role – have the potential to contribute to transformative change in the health-care system. As our Puzzle maker report showed, patients and caregivers recognize that they must shoulder some responsibility for managing their own care, but they are looking for more of a partnership with providers.

We believe that individuals and caregivers should be supported as the “owners” of their transitions through the system and with different providers, because the trajectory of each person’s illness, condition or disease; their available resources, and their changing circumstances and associated needs will be unique to them. We also believe that the “system” – individual providers and organizations both – must become attentive and responsive to this uniqueness.

We know that the broader determinants of health, social policy and the social-care system are key contributors to the state of an individual’s health and to their experience as a patient, client and member of a community. The Change Foundation will direct its resources to improving people’s experiences in the health-care system.

Focus on the “moving around” experience

In the process of developing our plan we heard a clear, consistent and energetic message: The Change Foundation should focus on the “moving around” experience of individuals and caregivers. We were told that the Foundation is uniquely positioned to work with providers, policy-makers and health-care users to improve people’s interactions with the system over time and place, and in keeping with their changing health-care needs. Taking that tack, the Foundation can help facilitate health-care integration as a means to making the system more coherent to the people it serves.

Most organizations tend to concentrate on their own specific interactions with patients, but we know there are pockets of activity that focus on improving people’s transitions through the system. The following initiatives address more than one transition:

“When I was diagnosed, I became part of the team, instead of being left alone to figure things out.”

“It would’ve been a better experience if everyone worked together.”

“My family health team helped me connect the dots between my drugs, therapy & nutrition to help manage pain better.”

- The Flo Collaborative (a province-wide initiative of the Centre for Healthcare Quality Improvement at The Change Foundation) addressed the processes of care delivery to improve patients’ transitions from acute-care hospitals to subsequent care destinations.
- The Change Foundation’s Having their say and choosing their way project sought to improve patients’ experiences of the transition from hospital to ‘home’ – i.e., a residence, a retirement home, a long-term care facility, or supportive housing.
- Cancer Care Ontario (CCO) initiated a primary care program to strengthen the connection between family medicine and cancer care, with a plan of action to focus first on improving screening and detection rates for colon cancer, and then to expand to other screening programs.
- CCO also launched Disease Pathway Management, which includes frameworks for examining the performance of the entire system across potential cancer trajectories – from prevention to recovery to end-of-life care, including the identification of gaps and bottlenecks along the way.

- MOHLTC’s Integrated Client Care Project is working to enhance client-centred care in Ontario, and to facilitate more responsive communication and smoother transitions in the home-care sector, with improved linkages with other services and resources.

From our research and consultations, we learned that The Change Foundation should focus on the overall journey of individuals and their caregivers as they move across services, providers and settings – those multiple points of interaction as they navigate the health-care system. We know that the quality of these interactions and transitions is paramount to each and every health-care user – and must become paramount in health-care discussion and debate. To quote from our Puzzle maker report once again: for individuals and their caregivers, there isn’t really an end point to their care; they are attached to the health-care system for life.

4 Kodner, D. (2009). “All Together Now: A Conceptual Exploration of Integrated Care”. *Healthcare Quarterly*. Vol. 13. Special Issue (October).

5 The Foundation’s framework for understanding integration includes six elements: patient focus, provision of care, governance structure and authority, funding mechanisms and incentives, performance management, and information management.



STRATEGIC PLAN FOR 2010-2013

The Change Foundation's strategic goal for 2010-2013:

To improve the experience of individuals and caregivers as they move in, out of, and across the health-care system over time and as their health changes.

The Change Foundation will focus on the experiences of individuals and their caregivers as they navigate the health-care system. We know that no single organization

has overall responsibility for improving health system integration, for connecting services to each other and to the people who need them. We want to contribute to improving that integration and connecting that care, as a means of improving people's health-care experience. This goal will be achieved through the pursuit of three strategic directions.

Listen and Learn

I / Learn from the experience of individuals and caregivers at key transition points in the system and over time.

A person's journey through the health-care system can be complex, involving a broad range of interactions with providers and organizations – especially for someone with complex conditions. We want to better understand what it's like – for individuals and caregivers both. We want to see if experiences vary across communities, and, if so, to determine the contributing factors. To maximize impact, we will focus on difficult transition points – what are they and why are they a problem? Do they have a particular impact on people with chronic and complex conditions?

The Change Foundation will look for partners who can contribute to the design and implementation of a provincial survey to better understand the experience of individuals and caregivers.

WE WILL

- I.1 Develop a framework to evaluate the experiences of individuals and caregivers, based on their input.
- I.2 Assess and compare these experiences across communities.
- I.3 Identify and understand problematic transitions.

PROJECTS

- Scan evaluation frameworks focused on navigation, and review existing patient survey tools for questions on care connectiveness and integration.
- Work with partners, including individual patients, their caregivers, patient groups, planners and providers to develop and implement an individual/caregiver experience survey.



Incubate and Innovate

2 / Scout for, incubate and create innovative solutions to address key problematic transitions in health-care delivery.

The Change Foundation will look for best-practice, leading-practice and next-practice initiatives in other jurisdictions, and small-scale initiatives within Ontario, which can be adapted or applied to problematic transitions on a province-wide scale. Where such initiatives cannot be found, we'll build on what is available; and, learning from the lived realities of patients and caregivers, we'll develop our own solutions and next-practice models. We'll test these leading-edge solutions on a small scale in up to three Ontario communities (selected in accordance with the nature of the transition and/or the solution). We will work directly with individuals, caregivers, patient groups, planners and providers; we will also provide a safe space for those groups and individuals, who might otherwise not communicate, to connect and work together. Our goal will be to improve problematic processes and transitions and to remedy identified problems.

WE WILL

- 2.1 Assess the potential to adapt and apply solutions to the Ontario context.
- 2.2 Design innovative policies and practices to address problematic transitions.
- 2.3 Work within defined communities to implement and evaluate projects to improve the individual and caregiver experience with transitions.

PROJECTS

- Scan for cross-organizational best practices in navigation.
- Support work to illustrate the impact of changes in a contained community.
- Participate in partnership initiatives to demonstrate improved transitions between primary care and other parts of the system.



Advise and Advance

3 / Promote system-level adoption of innovations to improve the individual and caregiver experience through greater health system integration.

The Change Foundation seeks to influence system-level change by understanding the levers that drive it, by identifying key partners to work with in building capacity for improved health system integration, and by engaging strategically about change with the users and stewards of the health-care system. We intend to influence the policy debate and push for policy changes that will improve the individual and caregiver experience across the province. More specifically, we will take what we learn in our test communities about improving difficult transitions in care, and spread the results and improvements to other communities and regions. Engaging purposefully and sharing our results widely, we hope to elevate the role of patients and caregivers in the rethinking and redesign of our systems of care so that together we can change the debate, the practice and the experience.

WE WILL

- 3.1 Identify key levers to catalyze better integrated care.
- 3.2 Engage the public and key influencers to develop solutions and support for improvements in health system integration.
- 3.3 Develop and implement strategies to influence better integrated care.

PROJECTS

- Create an ongoing mechanism to solicit input, ideas and insights from individuals and caregivers who use the health system.
- Adopt new social media tools and techniques and enhance our existing signature exchanges.
- Partner with organizations to build on our progress in using patient experiences and stories online to promote quality improvement on the ground and across the system.



HOW WILL WE WORK? A PARTICIPATORY APPROACH

The Change Foundation uses a number of methods to achieve its goals. Some cut across all strategies, while others are more dominant in particular strategies.

The Foundation will adopt a participatory approach to the following four methods: research, policy analysis, quality improvement, and engagement.



Research

We will scan for best-practice, next-practice and leading-edge innovations, continuing to look at other jurisdictions for evidence-based policy and practice innovations. Our participatory research methods will help us gain a better understanding of the patient and caregiver experience. We will create research syntheses, scan for evaluation methodologies and results, and produce Chart Packs – data files which will be downloadable from the Foundation website.

Policy Analysis

Our initiatives will include diagnostics and commentary on the elements of integrated health-care systems. We will use participatory policy analysis to better understand and promote the interests of individuals and caregivers in policy development. We will prepare policy briefs and develop recommendations based on our analysis of research and on the experience of other jurisdictions.

Quality Improvement

Supported in our efforts by the Centre for Healthcare Quality Improvement (CHQI) – a division of The Change Foundation – we will continue to scan for leading QI practice, adapt tools to the Ontario environment, and engage in capacity

building in QI methodology with partners. We will apply QI methodology to the implementation and evaluation of integration projects with community partners, and, in keeping with QI methodology, will seek ways to engage patients in their own care management.

Engagement

Our engagement efforts will be multi-pronged, multi-targeted, and matched to our strategic purposes, running along the continuum from communications to public education to collaboration. Given our overriding strategic focus on individual and caregiver experience, participatory engagement is central to what we do, essential to making our work relevant and reflective of lived experience. We will build on our earlier engagement activities with health-care providers and decision-makers as we work together to identify changes to improve the experience of individuals and caregivers.

How will we know if we have achieved our strategic goal?

Because the strategic goal of The Change Foundation is to improve the health-care experience of individuals and caregivers as they move in, out of, and across the health-care system, we will develop process and outcome measures that reflect their perspective. We will work

“I felt respected when my nurse practitioner stopped & really listened to my story.”

“We just need a little support.”

“I’ve repeated my daughter’s history 500 times...
Why can’t her health records be in one place so everyone can see and share?”

with individuals and caregivers to learn what they would view as a market test for success, and will gauge whether their experience has improved over the period of our three-year plan.

In addition, we will articulate measures that relate directly to our strategic direction, along with project-specific metrics.

By 2013, we will:

- Identify a key problematic transition for individuals and caregivers – one that is validated by their input.
- Identify (a) proven solution(s) or innovation(s) to address it.
- Test the solution(s) or innovation(s) with partners in specific communities.
- On the larger scale, reframe the policy discussion with providers, planners, regulators and funders so that the perspective and experience of individuals and caregivers is part of the debate – not only evident, but paramount.

In three years, we will look for evidence that individuals and caregivers have become part of a process to redesign health-care services in Ontario. We will determine whether the yardstick has moved in improving the experience of health-care users.

Stay Tuned – We’re All In This Together

This is our Strategic Plan for 2010-2013. We will follow it, while at the same time staying flexible – able to adapt to emerging developments, and to pursue new opportunities in response to the increasingly dynamic dialogue among individuals, caregivers and the health-care system.

When it comes to health care, we really *are* all in this together. We invite you to help us understand and improve your health-care experiences or those of your loved ones. Join us in our work and track our progress by visiting www.changefoundation.ca/stratplan2010.html to:

- give us feedback on our 2010-2013 strategic plan. Tell us whether it reflects your needs and experiences as a patient, caregiver, provider or planner. Have we missed anything?
- help make your exchanges with us as meaningful as possible by telling us how you like to engage and share ideas about easing the challenge of health-care navigation.
- tell us if you’d like to stay connected to The Change Foundation and provide ongoing input into our projects to improve health-care experiences in Ontario.
- tell us if you’d like someone from The Change Foundation to speak to your organization.
- stay in the loop by subscribing to our newsletter, *Top of Mind*.

Appendix – Strategic Plan Renewal Process

As part of our strategic plan renewal, The Change Foundation undertook an environmental scan and engaged in a series of consultations. The following is a brief description of these two components of our renewal process.

Environmental Scan

We wanted to understand emerging trends in the health-system landscape as they related to key areas of interest for the Foundation – person-centred care, integrated care for patients, quality and innovation, and equity and population health. We also wanted to determine current levels of activity in these areas, and the degree of priority they were receiving from other health organizations. [Read environmental scan.](#)

The analysis of trends in the health system landscape was informed by two reports:

- Externally-Informed Annual Health Systems Trends Report;¹
- Health Care in Canada 2009: A Decade in Review.²

The analysis of levels of activity in our areas of interest was informed by a review of over 70 provincial, national and international health-sector organization websites, scanning for information on future directions and priority projects. We wanted a sense of how crowded the field might or might not be, and of which organizations might be resources for leading-edge innovations we could learn from and build on. Our environmental scan concluded that The Change Foundation, “has an important role to continue to promote the interests of patients and their caregivers, and more broadly the public. Similarly, there continues to be a niche for the Foundation in system integration. The Foundation’s unique contribution in the quality improvement field could be to advocate for a patient focus.”

Consultations

There were three components to our consultation process: key-informant interviews, sounding board consultations and discussion forums.

(I) KEY-INFORMANT INTERVIEWS

The Change Foundation contracted a third-party consultant to interview 16 senior health-sector executives. These key informants were asked a range of questions designed to solicit their input and opinions on current gaps with respect to health-system integration and quality in the health system, and potential unique opportunities for The Change Foundation.

The key findings from the consultant’s report included the following:

- The role and value-add of The Change Foundation was understood and recognized.
- There was strong support for The Change Foundation to play the role of a catalyst for change.
- There was support for The Change Foundation to take a patient/client perspective.
- The importance and value of a continued focus on health-system integration was affirmed.
- There was some interest in seeing The Change Foundation focus on issues involving physicians and primary-care-related system integration.
- The work of the Centre for Healthcare Quality Improvement (CHQI) at The Change Foundation was valued and seen as important.

(II) SOUNDING BOARD CONSULTATIONS

We took the input from our key-informant interviews to a sounding board of 14 senior-level thought leaders. They were assembled as an ad hoc group with a specific mandate: to give us their reaction to proposed “trial balloons” – possible areas of focus and potential new directions. They were selected based on their reputation as system thinkers, not as spokespeople for their organizations.

¹ MOHLTC (October 2009). Externally-Informed Annual Health Systems Trends Report. Health System Planning and Research Branch.

² CIHI (October 2009). Health Care in Canada 2009: A Decade in Review

We called two more meetings of the sounding board at strategic points in our process – after we had received input and advice from participants in three discussion forums (see below), and after we had prepared a draft strategic plan based on input from our environmental scan and consultations, and from our board of directors.

The sounding board provided critical input to our renewal process.

(III) DISCUSSION FORUMS

Based on input from our environmental scan, key-informant interviews and the first meeting of the sounding board, we took some initial proposals to a broader group of patient advocates, administrators, provider organizations, planners and funders.

These forums, also, were of great assistance. Input from people working on the front lines of our health-care system, and from patients with extensive first-hand experience of the system, was critical to The Change Foundation's renewal process.

31 Participants in three discussion forums (including a webinar which facilitated participation from across the province), with the following representation:

- Family Health Teams – 6
- Hospitals – 4
- Community Health Centres – 3
- Community Care Access Centres – 3
- OHQC, Quality Improvement & Innovation Partnership – 3
- LHINs – 2
- Community Service Organizations – 2
- Physician Associations – 2
- Nurse Practitioners – 2
- Patients – 2
- Long Term Care facilities – 1
- Ministry of Health & Long Term Care - 1

KEY INFORMANTS

Matt Anderson – CEO, Toronto Central LHIN
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Bob Gardner – Director, Health Care Reform & Policy, Wellesley Institute
Vivek Goel – CEO, Health Promotion & Protection Agency of Ontario
Jonathan Lomas – Consultant
Nancy Lefebvre – CCE & Senior VP Knowledge & Practice, Saint Elizabeth Health Care
Lyn McLeod – Chair, Ontario Health Quality Council
Margaret Mottershead – CEO, Ontario Association of Community Care Access Centres
Camille Orridge – CEO, Toronto Central CCAC
Robin Osborn – VP & Director, The Commonwealth Fund
Brian Postl – President & CEO, Winnipeg Regional Health Authority
Gary Ryan – CEO, Stevenson Memorial Hospital, & VP, Southlake Regional Health Centre
Shirlee Sharkey – CEO, Saint Elizabeth Health Care
Kevin Smith, Board Chair – Ontario Hospital Association
Marian Walsh – CEO, Bridgepoint Health
Glenda Yeates – Associate Deputy Minister, Health Canada

SOUNDING BOARD

Ray Applebaum – CEO, Peel Senior Link
Ben Chan – CEO, Ontario Health Quality Council
Sandra Coleman – CEO, South West CCAC
Janet Davidson – CEO, Trillium Health Centre
Gwen DuBois Wing – CEO, North West LHIN
Anton Hart – Publisher, Longwoods Publishing
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Sherri Torjman - Vice President, Caledon Institute of Social Policy
Ene Underwood – Chair, Commission to Promote Sustainable Child Welfare
Lynn Wilson – Chair, Department of Family & Community Medicine, U. of T.
Durhane Wong-Rieger – President & CEO, Institute for Optimizing Health Outcomes; and patient advocate

THE CHANGE FOUNDATION

The Change Foundation is an independent policy think tank, intent on changing the health-care debate, health-care practice and the health-care experience in Ontario.

It leads and leverages research, policy analysis, quality improvement and strategic engagement to enable a more integrated health-care system in Ontario designed with individuals and caregivers top of mind.

President and CEO
Cathy Fooks

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JUNE 2010

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Louise Lemieux-Charles

Susan Pigott

Ron Sapsford

Kevin Smith

Neil Stuart

Vision

To be Ontario's trusted advisor advancing innovative health policy and practice.

Mission

- To make caregivers and individuals in need of health care part of the health-care discussion about how to find solutions to improve their experiences.
- To stimulate new ways of thinking, behaving, and interacting to foster improved health care for people, especially when they are in transitions.
- To generate robust and independent research and policy analysis of health-care issues related to improving the experience of individuals and caregivers as they navigate the health-care system.
- To lead informed discussion and strategic engagement with the stewards, stakeholders and users of the health-care system.

Mandate

To promote, support and improve health and the delivery of health care in Ontario.

Values

- Excellence. We strive for excellence in all we do.
- Innovation. We take innovative approaches in developing new ideas.
- Collaboration. We work in partnership with others to achieve success.
- Inclusivity. We strive to include all voices and views.

The Change Foundation is an independent charitable foundation created in 1996 and funded through the proceeds of an endowment provided by the Ontario Hospital Association.

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