

# CONCLUDING COMMENTS

*The Change Foundation believes that true system-level integration and transformation of healthcare is not possible under the current arrangements and conditions. Ontario needs to create the winning conditions to make it happen. Changes are required in all the areas reviewed in this commentary: the organization of how care is provided, governance and relationships, funding and payment models, performance management, information management and—most importantly—the embedding of the patient perspective in every aspect and every step. Our recommendations are interconnected and correlative, and should be pursued as a package rather than cherry-picked.*

Changes both small **and** system-wide are needed to achieve complementary goals: better health outcomes, a higher quality of experience for individuals, and system sustainability.

The Province is working on several fronts to improve healthcare quality, better serve patients, and use resources more strategically: the implementation of the *Excellent Care for All Act*, for instance, the expanded mandate of Health Quality Ontario, and more support for team-based primary care. But we need a game-changing shift. As long as the levers of healthcare change are grinding against each other—fee-for-service funding against team-based care; system planning without the ability to direct big chunks of the system; and competing professional interests trumping big-picture decision-making—we won't have the kind of progress we need.

It is likely that some reorganization of LHINs and CCACs will occur, and The Change Foundation sees this as a huge opportunity to better align decisions and resources with priorities and purpose. What conditions and decisions are required to create health services that will be connected, comprehensive and coordinated, that will be wrapped around communities and particular populations who know how to access them, and will reflect and meet these people's needs? The Change Foundation urges government to strengthen the system of regional health networks,

be they LHINs per se or some other iteration, with the proviso that such bodies be given the autonomy and discretionary funds—in short, the power—to do the work they are mandated to do.

It isn't a matter of money. Additional investments are not required. What is needed, instead, is to maximize the impact of existing investments through the re-allocation and better targeting of funds, along with creative and innovative thinking from a system point of view, and an openness to learn from research and from the experiences of other jurisdictions. Also required—as The Change Foundation's research has shown—is the addition of patients and their family/friend caregivers to the roster of “experts.” They can serve as a guiding resource in re-designing health services.

An integrated healthcare system will improve access to services, quality of care and patient safety, and the efficiency of the delivery system and hence its sustainability—as well as the experience of patients and their family and friend caregivers. To accomplish this, we need to seek and be guided by the lived and expressed experience of the people now navigating the healthcare system. Let's begin by using these untapped resources standing right in front of us.

