
Physician Engagement Workshop

***Sponsored by the Ontario Medical Association
and the Markham Stouffville Hospital Corporation***

Executive Summary



Prepared by



EXECUTIVE SUMMARY

On September 24th, 2008 the Ontario Medical Association (OMA), Markham Stouffville Hospital Corporation and the Central Local Health Integration Network (LHIN) co-sponsored a workshop to discuss how physicians and the hospital can engage most effectively with the Central LHIN. A full report of the workshop results is available on the OMA and Central LHIN web sites.

INTERDEPENDENCIES

The workshop dialogue began with table discussions to understand how physicians, the hospital and the LHIN are interdependent.

It was clear from participant comments that physicians and the Markham Stouffville Hospital Corporation are highly interdependent with the LHIN. The system planning, integration and funding role of the LHIN could affect services in the area, the hospital's role and capabilities, funding, and physicians' practices.

Concerns about potential changes to Markham Stouffville Hospital's future role and viability in a changing service delivery model coloured much of the commentary from the physicians and hospital administrators present. Physicians expressed concern that these changes could impact patients in terms of access to services/care, availability of physicians, quality of care, opportunity for input/information, and measurement/evaluation.

In turn, physicians and the hospital stated that they could have a significant impact on the LHI by providing information, proposals, community connections, and service delivery.

LHIN OVERVIEW

Hy Eliasoph, the CEO of the Central LHIN, summarized the LHIN's mandate. He pointed out that this mandate means that the LHINs are often dealing with multiple, sometimes conflicting interests.

Hy outlined the new LHIN funding model that is being proposed for LHINs – the Health Based Allocation Methodology (HBAM). He also described some of the specific funding initiatives by the province related to wait times and ER pay for performance.

Hy reviewed the status of decisions related to key issues of concern to physicians and the hospital including the service delivery model for ophthalmology, capital/redevelopment, peer review, and Family Health Teams.

WORKING IN PARTNERSHIP

Participants identified three main reasons why physicians, the hospital and the LHIN should work in partnership - to ensure quality care, assist system planning and integration, and to advocate for change.

Participants felt that the partnership should operate on the following principles – effective communication and collaboration, recognition and support for physician participation, respect for physicians’ time constraints, shared expectations, transparency and accountability, and meaningful engagement.

Direct engagement between physicians and the LHIN through the hospital, supplemented by the use of technology, are the best means for engaging physicians. The hospital also needs to advocate effectively for itself.

NEXT STEPS

The workshop concluded with a discussion of next steps. These were:

1. **Central LHIN to attend December 3rd meeting** with the hospital Medical Staff Association, community physicians and the Central LHIN.
2. **Develop a shared vision** of the future of Markham Stouffville Hospital.
3. **Request an accountability report** from the Central LHIN on what has actually happened through the LHIN that has benefitted Markham Stouffville Hospital.
4. **Establish a more robust communication** and relationship between the LHIN and all physicians in the Markham Stouffville Medical Society area of the Central LHIN.