







Submission to The Ministry of Health and Long-Term Care on

LHIN Legislation – Health Professional Advisory Committee Regulation

September 29, 2006

Joint Submission of

Canadian Mental Health Association, Ontario and Ontario Federation of Community Mental Health and Addictions Programs and

Addictions Ontario

Center for Addiction and Mental Health

Submission on LHIN Health Professionals Advisory Committee Regulation

The Canadian Mental Health Association, Ontario (CMHA, Ontario), the Ontario Federation of Community Mental Health and Addictions Programs (the Federation), Addictions Ontario (AO), and the Centre for Addiction and Mental Health (CAMH) welcome the opportunity to offer our comments on the Ministry of Health and Long Term Care's proposed regulations related to the LHIN Legislation.

We are pleased that the Ministry has mandated the creation of the HPAC, which will ensure a forum for discussion and facilitate collaboration between different health professions. We applaud the Ministry for specifying that the committee consider innovative strategies of health service delivery and population health, since this allows for a focus on individual care with the recognition of the larger health system. We are also pleased with the efforts made to ensure a broad range of representation on this committee. We have some recommendations for further refinement of the regulations.

The mandate of the committee as outlined in the proposed regulation is very broad. We recommend that "patient-centred care" be defined in order to provide a focus for the committee's work. This would assist the LHINs to understand how this committee may complement the other advisory committees and community engagement processes which each LHIN is developing. It will also assist committee members to understand their role.

Ministry staff have said that the desired membership is a balance of both front line and system level thinkers. We support this vision. In order for the committee to situate individual care within the context of system-level issues, there must be people who have experience in thinking beyond individual care. We recommend, therefore, that the criteria for membership include demonstrated involvement at a systems level through volunteer positions, leadership positions or academic pursuits, in addition to the the requirement that members currently practise their professions.

We understand from reading the legislation and from our discussions with Ministry staff that all committee members must be from the regulated health professions. We agree with the goal of ensuring a blend of a range of professions and sectors. This can be achieved without being as prescriptive as the proposed regulation is. We recommend that the exact number of members from which professions be left up to each LHIN to decide. To maintain a balance of sectors and professions, we suggest that the regulation stipulate that membership must include a balance of hospital, community mental health and addictions, long term care, and self-employed professionals; and a balance of physicians, nurses and other professions. We recommend that there be no minimum number of members, as it is not certain that every LHIN will be able to attract the minimum of 11 members prescribed in the proposed regulation.

Our final concern is that lost income for time spent participating in this committee may be a barrier to ensuring health professionals participate. We suggest that the government involve the regulatory colleges in ensuring that their members participate in the HPAC.

We were pleased to hear that the Ministry's policies for the HPAC will include a phased term of membership, so that participating professionals with a period of tenure are retired, thereby enabling new members to be routinely added to the Committee.

We appreciate the opportunity to offer these comments on the proposed regulations. If you have any questions with respect to this submission or if you require further information about our response, please contact:

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