

St. Michael's Hospital Residents' Health Services Panel 2016 Term

Summary of Results from Panel Meeting held on June 18th, 2016

Topic of Discussion: Designing a Health System Information Service for central-east Toronto

About the St. Michael's Hospital Residents' Health Services Panel

The St. Michael's Residents' Health Services Panel is a new initiative of St. Michael's Hospital. In February 2016, 14,500 randomly selected households in central-east Toronto received a letter in the mail from the hospital's CEO, Dr. Bob Howard, asking them to advise the hospital, over the course of eight meetings, on how best to improve health services for its entire urban community. Over 371 residents responded, and 28 were randomly selected so that together they represent the demographics of those living in St. Michael's diverse catchment area.

These 28 members were selected using a civic lottery, a process that has now been used more than 25 times across the country to convene representative panels of citizens. The selection process for the health services panel achieves broad representation by ensuring a proportionate number of panel members are appointed to the panel based on their age, gender, neighbourhood, household tenure, patient status, visible minority status, and indigenous status.

The members of the St. Michael's Residents' Health Services Panel are Toronto residents without any special training in medicine, health-care administration, or public policy. While some residents are frequent users of health services at St. Michael's, others had never been through the hospital's doors before joining the Panel. However, all panelists are committed to helping improve the health-care system and each offers an important perspective concerning the needs of local communities. Collectively, they bring a wealth of knowledge regarding the health system experience of local residents, and a commitment to helping health-care organizations focus their attention where it is needed most.

In St Michael's newest strategic plan, published in 2015, the hospital renewed its longstanding commitment to the critically ill and to disadvantaged populations as key strategic priorities. St. Michael's also adopted a new strategic priority: in partnership with other local providers, the hospital committed to providing comprehensive care to its entire urban community — a diverse area experiencing unprecedented growth and change. The St. Michael's Residents' Health Service Panel was created in partnership with the Toronto Central Local Health Integration Network to give residents of central-east Toronto the opportunity to provide representative and informed advice to St. Michael's about how it could best achieve this strategic priority.

In their first four meetings, the Panel completed learning about the health system and the needs of local residents. They also reached consensus on a set of guiding principles and priorities for improving local health services, which they recommended St. Michael's Hospital adopt. These guiding principles and priorities were submitted to St Michael's leadership and circulated to board members, staff, local partners, and released to the public. More information on the Panel's first report can be found here: <url>.

About the June 18th, 2016, Meeting of the Residents' Health Services Panel

After reading the Panel's first report, St. Michael's staff were inspired to begin immediate work on one of the panel's recommended priorities — *creating an information service (accessible in a variety of ways, including in person, phone, and web-based options) where patients can find out about all health services in central-east Toronto*. St Michael's asked Panelists to spend their fifth meeting providing detailed advice about how to design such a service.

The meeting explored and prioritized the issues that a local health service information service should address, examined the perceived shortcomings of

existing information services, and determined a set of essential features that any new service should offer. St. Michael's staff committed to begin working with partners and funders to advance the recommendations of the panel, and to report back on their progress.

Summary of Results

The results of the Panel's discussion are summarized below. Following the meeting, this summary was drafted by the Panel's support staff based on documentation from the meeting and circulated to members for edits and in order for members to approve that this summary reflects the broad consensus that the Panel was able to achieve during their meeting. Panelists were also welcomed to submit additional, individual commentary for inclusion in this summary – this individual commentary is included, under the names of individual panel members, in the subsequent section.

Activity 1 asked the Panel to identify issues that arise when residents do not have appropriate access to information about health-care services.

Specifically, panelists were asked “What happens when Central East Toronto residents don't have access to the right health service information?” and “Why does that happen?” Panelists first worked together in small groups at their tables to identify some issues that arise, along with their causes. Then, each table selected the three issues of highest priority for a new information service to address. Finally, each table shared their three prioritized issues with the larger Panel.

Panelists agreed on four categories of priorities for a new information service, each populated by specific issues identified at individual tables:

a. A new information service must empower patients

- Some patients require an advocate (or additional resource) to help them navigate the different services **because** the system is complicated and challenging to navigate.
- Patients make uninformed choices (including self-medicating) **because** they are not aware of all of their options for care.
- Patients receive worse care and don't understand their own health-care history, (potentially leading to medication interactions and hospitalization) **because** information is not effectively communicated during transitions of care.

- Residents don't receive helpful information tailored to their individual needs and profile (i.e. age, sex, culture, language, etc.) **because** the information available through existing resources is too generic.
- b. A new information service must make health care more preventative & equitable**
- Patients, especially those who typically don't have access to appropriate health information such as street-involved, low-income, non-English speaking and LGBTQ people, may develop new or more severe illnesses **because** they aren't aware of local preventative and wellness services catered to them. Examples of such services include dietitians and various forms of testing.
 - Patients get in the habit of not accessing health care **because** they don't know where to start **and because** they de-prioritize minor ailments relative to work and family pressures.
 - More expensive care, such as dental care, is frequently neglected **because** patients don't know about affordable local options.
- c. A new information service must support caregivers**
- Patients' families and caregivers experience additional stress **because** there is a lack of communication between different health service providers **and because** there is a lack of information about transitioning between different types of care.
- d. A new information service must help patients access the right care at the right time and in the right place**
- Patients frequently go to an inappropriate service, such as the emergency department **because** they don't know when and how best to use different parts of the health system. Patients often know that the emergency department isn't the appropriate service for their ailment but are unable to identify a better option.
 - Residents may travel outside the sub-LHIN region to known services **because** they are unaware if local services or information resources exist in their preferred language.
 - Patients' mental health and stress levels worsen **because** they do not access timely and satisfactory care.
 - Both patients and health service providers waste resources (i.e. time and money) **because** inappropriate services are frequently accessed.

Before starting Activity 2, panelists were reminded about the features of the following health information services that currently exist:

- Primary Care Providers (Doctor or Nurse)
- Telehealth Ontario (1-866-797-0000)
- www.ontario.ca/healthcareoptions
- www.torontocentralhealthline.ca
- 211 Toronto (toll-free phone and online services)

In a short plenary conversation, panelists briefly discussed their experiences using these information services. They mentioned the following challenges associated with these existing services:

- **Barriers to Access:** not all residents have access to the internet or phone at all times, some may require in-person services
- **Lack of Tailored Information:** information provided by many services is often too general to be helpful to patients with specific situations
- **Types of Information:** most resources lack details about when to use a specific service over another, rather than simply providing operating hours and location information

In Activity 2, panelists brainstormed features of a new information service that would address the high priority issues identified in Activity 1.

First, panelists spent time individually thinking about these features. Then, panelists shared these features with their tables, and sorted them into two priority groups. Each table sorted their set of features into *Essential* features, completing the phrase, “This new service must definitely...” and *Desirable* features, completing the phrase, “It would be nice if this service...” Tables then shared their Essential and Desirable features with the entire Panel, during a discussion in which panelists found rough consensus around Essential features for a new information service. Both the Essential and Desirable features have been organized into four categories by support staff: (into the four categories below:)

a. Accessibility

- **A new service must** be easy to access for as many people as possible.
- **A new service must** be accurately and easily available in as many languages as possible.
- **A new service must** provide information that is easily understood and free of jargon.
- **A new service must** be available in multiple formats. By this we mean:

- **It must** be available online, on the phone and in-person.
- **It must** make resources specific to a particular type of care easily available via print materials distributed in person or downloadable from an online service.
- It would also be nice to use social media for event reminders and general advertising of this service.
- It would also be nice to have instant online chat or text message services.
- It would also be nice to have small maps of local health services available.
- **A new service must** have knowledgeable representatives with a presence at community events. These representatives would travel around as necessary and be able to answer questions related to health service information.
 - It would also be nice if there were recurring scheduled times with representatives at kiosks, although it is not necessary for representatives to host their own events.
- **A new service must** be promoted to local residents through existing community services and at frequently attended places, such as community centers, libraries, employment centres, shelters, pharmacies, grocery stores, TTC stops and immigration services.
- **A new service must** be entirely free to use, in keeping with universal health care principles. For example, a phone service must be toll-free.
- It would also be nice if the various formats of this service followed a similar set of steps with patients, so that the process was consistent and familiar each time.

b. Tailored, User-Specific Information

- **A new service must** tailor information to that each individual patient provides.
 - **It must** provide a personalized experience, giving users the option to provide their personal details such as age, sex, language, location, and health conditions, in order to be more useful than existing general information resources.
- **A new service must** allow patients to create and save user profiles that they can use every time they access the service online.
 - **It must** allow patients to decide what information to provide and when.

- **It must** include both clinical and wellness information in user profiles.
- **It must** allow patients to subscribe to information messages and reminders about important health-care milestones. These messages and reminders could be delivered by text message, mail, email or in-person. This will save time and facilitate seamless care, empowering patients to see and track their own history.
- It would also be nice if it allowed patients to use the same user profile in person or over the phone, though that information could be shared one-on-one with the information provider.
- It would be nice if there were other online tools such as a hospital wait time estimator or some form of online triage.

c. Collaboration with Health Service Providers and Community Organizations

- **A new service must** be developed in collaboration with all existing Health Service Providers so that they:
 - Can define their exact roles in the health system
 - Are committed to the service and its success
 - Feel empowered to maintain the service and keep it updated with relevant, accurate information
- **A new service must** allow Health Service Providers and Community Organizations to access printed or downloadable resources.
- It would also be nice if there were dedicated advocates who promoted or represented the service within each community organization.

d. Quality Assurance

- **A new service must** be designed so that evaluating its effectiveness is easy to do and results are publicly shared. It is important to measure what aspects are working and whether they are reaching the right people.

Individual Commentary from Members

No individual commentary was submitted.