

Topic Overview

Strengthening Care for People with Chronic Diseases in Ontario

Citizen panel
2 April 2016

The McMaster Health Forum convened a citizen panel on the subject of strengthening care for people with chronic diseases in Ontario. The panel was organized with the support of the Ontario Medical Association and McMaster University's Labarge Optimal Aging Initiative. The panel brought together 13 citizens from regions across seven of the Local Health Integration Networks in Ontario to examine the problem, elements of a potentially comprehensive approach for addressing it, and key implementation considerations. The purpose of the panel was to guide the efforts of the Ontario Medical Association to support efforts to strengthen care for people with chronic diseases in Ontario

Discussing the problem

Panel participants identified four challenges related to strengthening care for people with chronic diseases in Ontario: 1) patients and their families are not always put at the centre of care; 2) home and community supports that are needed to manage chronic diseases are not available or accessible to those who need them; 3) limited collection, use and sharing of medical information using patient-friendly technology to make the information accessible to patients and their families, as well as to all of their care providers; and 4) proactive prevention of chronic diseases is not prioritized.



The views expressed in the panel summary are the views of panel participants and should not be taken to represent the views of the Ontario Medical Association, McMaster University's Labarge Optimal Aging Initiative, McMaster University, or the authors of the panel summary.





13 citizens from regions across seven of the Local Health Integration Networks in Ontario gather during a McMaster Health Forum event on 2 April 2016.

Discussing the options

Participants were supportive of the activities outlined in the citizen brief for putting the patient at the centre of care (element 1) and, with strong privacy protections in place, for collecting and using data to support and enhance chronic-disease prevention and management (element 3). However, participants were skeptical about the value of convening chronic-disease councils to support chronic-disease prevention and management (element 2), given their view that it may not be good value for money spent. Several values-related themes emerged during the discussion about these elements, with four emerging with some consistency: 1) collaboration (in delivering care for patients, and through the increased sharing of information, particularly for referrals to and coordination with specialists); 2) empowerment (of patients with tools in place to assist in managing care, of patients and citizens to take lead roles in the councils, and of patients through having access to their own health information); 3) accountability (for systems leaders and care providers, and in terms of having strong mechanisms for public accountability and a clear mandate); and 4) trust (in the providers collecting and using personal information and in the system storing personal information, and supported by having open lines of communication).

Discussing the implementation considerations

Participants viewed several factors as important for implementation: 1) ensuring collaboration between primary, acute, and home and community care; 2) emphasizing prevention of chronic disease within primary care; 3) using interoperable electronic health records to provide patients and their families with access to their health information and to support patient-centred care; and 4) political will and increased funding to support change.

Panel deliverables

To learn more about this topic, consult the [citizen brief](#) that was presented to participants before the panel and the [summary](#) of the panel. For an electronic copy of the citizen brief or panel summary, visit our website www.mcmasterhealthforum.com and click on 'Products' along the sidebar.



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