

Topic Overview

Creating Community-based Specialty Clinics in Ontario

Stakeholder Dialogue 22 May 2013

The McMaster Health Forum convened a stakeholder dialogue on the subject of creating community-based specialty clinics in Ontario. With the support of the Ontario Ministry of Health and Long-Term Care through a Health System Research Fund grant entitled ‘Harnessing Evidence and Values for Health System Excellence,’ the dialogue brought together 24 participants – three policymakers, ten managers (drawn from Local Health Integration Networks, hospitals, Community Care Access Centres and home care organizations), eight professional and clinical leaders, one researcher, and two individuals from outside the province.



The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funder.

Deliberation about the problem

Dialogue participants generally agreed that there are many surgical procedures, diagnostic tests and specialty assessments that could be provided in the community, but are not. Dialogue participants also generally agreed that there are a number of interdependencies in delivery arrangements that need to be carefully considered in any move from providing services in hospitals to providing services in community-based specialty clinics, that there are a number of concurrent changes to financial arrangements that can facilitate the transition or that can increase anxiety among hospitals about their financial sustainability, and that there is a patchwork of governance arrangements that translates into differences in what patients can expect depending on what or where care is provided. Dialogue participants generally supported several of the possible rationales/objectives for the move from hospitals to community-based specialty clinics: 1) improving access (i.e., increasing the volume of services provided); 2) reducing costs; and/or 3) improving efficiency (i.e., increasing the volume of services provided for a given budget). There was little commentary about the rationale/objective of improving the patient experience or the provider experience.





Policy-makers, health system stakeholders and researchers gather during a McMaster Health Forum event on 22 May 2013

Deliberation about an approach

There was general agreement among dialogue participants that there is a need for an overarching framework that outlines the ‘rules of the game’ (i.e., the methods to identify services that can be provided in community-based specialty clinics, set appropriateness criteria for the services, set price/volume/quality criteria for the services, and bundle the services in ways that make sense for specialty clinics) and flexibility in the framework’s application given unique community needs that won’t be well served by a ‘one-size-fits-all’ approach. Dialogue participants generally agreed that most types of organizations that provide specialty care should be eligible to be considered as a community-based specialty clinic (but that LHIN-governed clinics should be ineligible and that changes to organizational arrangements would be needed for independent clinics to be eligible), that requests for proposal would be preferable to the more restrictive procurement process, that local ‘impact assessments’ should be used (again to enable and support flexibility), and that fulsome reporting is required. Dialogue participants also generally agreed that the combination of the Excellent Care for All Act and ‘dynamic contracting’ would be sufficient as the governance mechanism for commissioned specialty clinics, as well as that collaboration, not competition, should be a guiding principle for the secondary and tertiary care sector.

Deliberation about next steps

Many participants agreed that the most important step in the short term would be to strike an expert panel that would be responsible for engaging health system stakeholders to: 1) take stock of the situation in Ontario regions; 2) identify opportunities for specialty clinics that could improve access and reduce costs (and thereby improve efficiency) while maintaining quality; 3) build on lessons learned from other sectors; 4) establish goals and objectives against which progress can be measured; and 5) determine how various health system stakeholders can support the transition to specialty clinics. Some dialogue participants suggested that it would be important in the medium term to establish and learn from pilots, and in the long term to establish and operationalize an overarching framework that will guide the transition to and evolution of specialty clinics in ways that are sensitive to regional (and local) needs and that are responsive to advances in technologies and service delivery.

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary](#) of the dialogue, and [view](#) or [listen](#) to the [interviews](#) with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on ‘Products’ along the sidebar, or for direct access to our [YouTube](#) and [iTunes U](#) channels, simply click on the icons below.



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