

Small providers being recognized in new health networks

In the preliminary stages of introducing themselves to a varied cross-section of health care providers in their region, board members at the Hamilton Niagara Haldimand Brant LHIN have been struck by the networking opportunities afforded by these meetings, says the LHIN chair.

“The feedback has been very positive,” says Juanita Gledhill, “and the process has supported the growth of new networks.”

A community support service agency committee is one networking group that has arisen through this community engagement process.

Apart from formally engaging with the LHIN, the committee is working to ensure that smaller health care providers in LHIN 4 are acknowledged for their role in the health care system. An upcoming January 26th conference - entitled “Getting to Know You” - will cull together these smaller providers in an effort to inspire greater collaboration.

“Sometimes the smaller providers get swallowed up,” says Karen Hadden, executive director of Ancaster Community Services, a non-profit community agency which oversees programs like Meals on Wheels. “We want to show the community that the smaller providers are as important.”

“We do have to band together,” she adds.

Hadden welcomes the ethic of collaboration driving the LHIN system, and the recognition of smaller providers it affords.

“This is a notable change [in the system] – to incorporate smaller providers – they are recognizing the need to do this.”

For Gledhill, health provider networking is central to the development of the LHIN system.

“This is a great opportunity to be involved in dramatic change in order to create a more sustainable health care system,” says Gledhill.

The most significant component of the LHIN structure is that planning and coordinating will now be done at the local level. Secondly, establishing accountability and performance standards in all partners – including the LHIN itself – ensures a more efficient system.

The LHIN system, says Gledhill, should make services more accessible for the most vulnerable through dismantling information barriers between providers.

“It’s about the individual – especially those who can’t speak for themselves – being at the centre,” says Gledhill.

Deciding what is local – geographic or demographic – is part of the preliminary process. Each LHIN will have local attributes that may not exist in other regions, she adds.