

## **Local decision making to be mark of new health system**

While recognizing that true, thorough community engagement is often an almost impossible task, the CEO of Champlain LHIN sees the preliminary stages of LHIN planning as a central feature to a more integrated health care system.

“People can be too busy to take part in meetings or stakeholders are coming from a lobbying mentality, but despite this, we are committed to it. It’s an important strategy and it takes a lot of hard work. We’re spending a lot of time on the road as we “plan the plan” of the LHIN,” says Robert Cushman.

Despite being in [preliminary stages](#) of the establishment of the LHIN, and awaiting formal legislation Champlain LHIN board members have met with or contacted 210 transfer payment agencies.

“Even though it is just meet and greet at this point,” says Cushman, “these agencies are significant and represent the community in this LHIN. Making these meetings happen are one of the challenges of integration and understanding how we will work together.”

Champlain LHIN, which stretches from small towns like Barry’s Bay in the West, through Canada’s capital, and to Quebec border straddling Hawkesbury in the East, is equal parts rural, suburban, and urban.

Many of the smaller health care providers in the Champlain LHIN, which includes Ottawa, are concerned that the LHIN system will become Ottawa-centric, says Cushman.

“Like the once Toronto-centric system, there is a fear that it will be recreated here. People in Renfrew County don’t want to be reliant on Ottawa. These are some of our

start up issues. Because all of the LHINs comprise large geographic areas there will be subdivisions within each that have specific needs," he says.

Cushman, a primary care physician and Medical Officer of Health for City of Ottawa for the last nine years, sees donning the perspective of individual health care users as a way to best understand the current system's inefficiencies.

"You learn best by putting on the shoes of patients. This is where I learn most. I recently had an ambulatory situation with a family member. The people on the frontline do great work, it's just the connections between points A, B, and C are often inconsistent. The providers are doing their best, but they are frustrated too."

Another flaw in the old system which the LHIN is designed to address are the funding "silos," which Cushman is quick to point out as evidence of the ongoing evolution of the health care system.

"Now we are finding that we need new funding streams to adequately reflect our new reality. It's now local - we have to make the hard decisions there. For those of us in the latter 1/3 of our careers this is our last chance to integrate the system. There is some skepticism, even some cynicism, but most of us are positive about it. And we're the ones who are going to be needing it in a few years anyway," he says, laughing.