Executive Summary: the Regionalized Health Care System and Access for Mobile Populations in Southern Ontario

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The restructuring of the Ontario healthcare system began in 2004 (see Ardal, Baigent, Bains, Hay, & Lee, 2006), resulting in the devolution of a number of responsibilities from the provincial- to the regional-level and the creation of the 14 Local Health Integration Networks (LHINs). At the same time, the population in Ontario has continued to grow and change; in particular commuting to and within southern Ontario has significantly increased (see Data Management Group, n.d-a) as well as the population living in "cottage country" (see Bourne, Bunce, Taylor, Luka, & Maurer, 2003). The relationship between commuting and health status has been studied (see Lyons & Chatterjee, 2008), but there is less known about how commuting or regular mobility could affect access to health services. Further, while Canadian healthcare access has been extensively researched, the literature focuses on individual or demographic aspects to access (particularly level of income and education, see Asada & Kephart, 2007; Curtis & MacMinn, 2008; Nabalamba & Millar, 2007; Dunlop et al., 2000).

This study sought to understand how the structure or organization of the healthcare system affects access for mobile populations and to explore any factors that could impede the use or delivery of services, such as securing transportation to services (i.e. "system barriers", see Wellstood, Wilson, & Eyles, 2006). The restructured healthcare system was considered part of the context to access, and, thus, the perspectives of health decision makers were sought to investigate how they understand and plan access for mobile populations. The study focused on reviewing relevant federal and provincial legislation and documenting and interpreting the key informants' understandings of access and mobility through the related literature and legislation.

The use of qualitative methods allowed the study to focus on the perspectives of the interviewees by asking the participants to describe and provide their opinions on mobility and health care access in southern Ontario. I conducted, transcribed, and analyzed six in-depth, semi-structured interviews and one focus group, which took place between September 2015 and February 2016. The interviews were conducted with staff members of four Local Health Integration Networks (LHINs) and one community health centre (CHC). The first interview guide focused on the effectiveness of the regionalized healthcare system and local health services in addressing commuters and was used in the interviews with the CHC participants. After these interviews, another interview guide was developed to better understand the access for mobile populations from the perspective of healthcare decision makers and was used in the interviews with the LHIN participants. Secondary data from grey literature was collected through internet searches, generally from government websites. Some of the primary documents examined were the LHINs' Integrated Health Service Plans (IHSPs) for 2016 to 2019 and the LHINs' regular Board Meeting minutes taken between January 2016 and June 2016.

The results suggest a number of patterns. I documented the factors affecting health care access for mobile populations as identified by health system key informants, which included commuting, having a method of transportation, seasonal mobility, and population growth as a result of urban expansion. While the questions in the interview guides focused on commuting, the participants did not describe commuting as a significant barrier to health care access for residents

of southern Ontario. They identified a number of logistical barriers for commuters in accessing the healthcare system (such as conflicts between the operation hours of health facilities and work) but this population has not been specifically planned for by LHINs. The participants hesitated to characterize commuting as an issue, which could be related to the fact that they work with aggregate data from health service providers (HSPs) rather than individual-level data and a possible lack of information available on the kinds of factors commuters consider in making access decisions. Telehealth services were consistently recommended to mitigate any logistical challenges. However, these services are not widely implemented yet, nor do they necessarily improve access if, for instance, the services are only available during working hours. Similarly, while seasonal travel was portrayed as a feature of demand by some participants from LHINs outside of the Greater Toronto Area (GTA), they did not characterize it as a pressing concern in health planning. They confirmed that use of health services increases during the summer months, but stated that this influx is understood and monitored by HSPs. However, as the participants noted, the rostering system can restrict the use of primary services to one registered General Practitioner, which means seasonal travellers to an area usually have to use emergency services. This is despite the political priority to limit unnecessary emergency department visits.

One area that participants did agree to be a factor in health care access was securing a method of transportation to healthcare facilities, particularly addressed by participants from LHINs outside of the GTA. The statements by the interviewees reflect the literature on broader factors to access. For example, there were notably similar perspectives observed on the difficulties in obtaining adequate access for those with chronic conditions (Syed, Gerber, & Sharp, 2013) and those lacking a vehicle (Wallace et al., 2005). Participants from LHINs outside of the GTA stressed transportation as a factor in access more than the GTA LHIN participant, possibly due to the high automobile-dependence in the former regions (see Data Management Group, n.d.-b). Further, urban development and population growth were raised in the interview with the GTA LHIN participant. At the time of the interview, this participant's LHIN was embarking on a study to better understand the impact of migration to Toronto on demand for health services. Similarly, population growth as a result of urban expansion has been theorized as an important aspect of access in urban areas (see Vlahov & Galea, 2002). Other participants in the study stated that they expected there will be population growth in their regions, largely of comprised of commuters, but they did not present this as a current concern.

Some aspects of the organization of healthcare services suggested potential areas of concern regarding mobile populations, particularly in terms of tracking and accommodating their access within a regionalized system lacking standardization. For example, several LHIN participants mentioned that LHINs rely on inter-organizational collaboration to address broader social factors of access, including transportation to health facilities. There is no provincial standardization for LHIN collaboration, as stated by the participants, which may affect how the healthcare system as a whole can address the broader factors of access. Similarly, it is unclear from the information publicly available if the funding system accounts for or specifically addresses mobile populations, which may present difficulties in planning for this growing population.

This study offers a preliminary analysis of health care access for mobile populations. The number of participants and range of institutions suggests caution in extrapolating too broadly in terms of perspectives and experiences in other LHINs or HSPs. Further, finding concrete, up-to-

date, and adequately-detailed information on the structure of the healthcare system was challenging. However, there are significant patterns in the data even with the small number of responses in the analysis. Overall, the participants did not characterize mobility within southern Ontario as a threat to “reasonable access” and considered the broad social factors to access in the interviews. However, health care access for mobile populations is under-researched in the literature. The results of this preliminary study suggest mobility and the decision-making factors involved in using healthcare services as areas for future research.

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