

LHINs and you



Local Health Integration Networks (LHINs) will mean big changes in how health and some social services are funded and delivered in Ontario.

The McGuinty Liberals introduced Local Health Integration Networks (LHINs) last year as part of their plan to transform the way a variety of health care and some social services will be funded and delivered in Ontario.

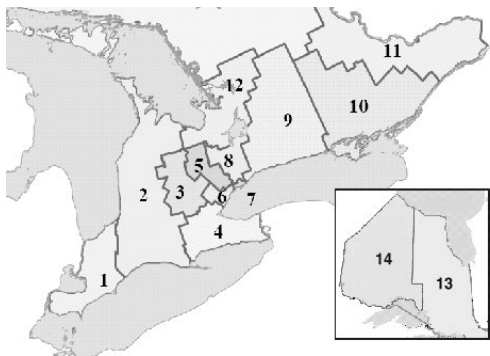
By 2007/08, the Liberals intend to use the 14 LHINs set up across the province to fund, redistribute, merge and cut a variety of health and social services including hospitals, nursing homes, homes for the aged, and addiction, mental health and child treatment services.

As a CUPE health care or social service worker and as a user of health services, the changes proposed under the LHINs will affect both the quality of care you receive in your community and your job.

Top 5 reasons why LHINs are bad for your health

1 There's *nothing local about LHINs* — less access to health services, further away from your community

The Liberals call their plan for LHINs, health service “integration.” But LHINs cover large geographic boundaries and the Liberals readily admit that the health and social services now provided in your community will be spread out over the larger area.



Under the LHINs model, which is a way to regionalize health services, the medical services you access locally may be moved to another community somewhere in your health network.

This will make it harder for the sick, the elderly and families to access the health services they need, right in their communities. And decent paying jobs and services will be lost from local economies.

2 LHINs won't tackle the real drivers of health service costs: *skyrocketing drug and medical equipment costs*

The proposed “integration” under the LHINs will cut costs by cutting and merging services — not by controlling the real health care cost drivers: pharmaceutical drugs and medical equipment.

Like the Mike Harris government that shut down community hospitals and health services and cut services and jobs to attempt to curb health care costs, LHINs will do nothing to control ballooning drug and equipment costs.

3 LHINs mean fragmentation — not integration

Along with “integration,” the Liberals intend to introduce competitive bidding to hospitals, long term care and community health-related social services. It’s the same model that has destroyed community-based, non-profit home care in Ontario.

This managed competition model is often called the purchaser/provider split. The LHINs (purchaser) will buy health services, such as surgery or addictions treatment, from hospitals, private clinics or other agencies (provider) that compete to win the contract.

In the home care sector, this bidding model has resulted in service “fragmentation” not integration, less care and a lack of continuity of care for patients as providers routinely change when they lose contracts.

Money that should be going into providing health services is sidelined into administering complicated contracts with providers.

4 LHINs will mean lost jobs, low wages and open doors to private, for-profit health services

“Integration” coupled with competitive bidding threatens decent-paying, community-based health services jobs that are a boost to local economies.

For home care workers, competitive bidding has meant low wages, poor benefits and weak collective agreements as giant, for-profit corporations underbid to secure contracts.

Merging and cutting services will create years of chaos and instability in our hospitals, long-term care and community health and social service agencies.

5 LHINs mean loss of community control

LHINs boundaries don’t follow existing municipal or provincial riding boundaries. This makes it difficult for residents in a community to change a funding or service decision made by the government-appointed LHIN CEO and board of directors.

