

Sub-Region Consultations

Frequently Asked Questions

Q1: What is a sub-region?

Sub-regions allow LHINs to better identify, capture and respond to diverse population needs (including linguistic and cultural needs). By better understanding the different needs of people living in the various sub-regions, we can plan a more responsive health care system.

Sub-regions will

- Serve as the focal point for integrated health-service planning and delivery
- Focus on the health needs of people who live within sub-regions, and address equity issues (both within and among sub-regions)
- Support better leverage of local community resources and knowledge. Each community understands the health needs of the people who live there, and the services they need
- Engage patients, clients and caregivers to ensure that the work of each sub-region meets the needs of the people who live there
- Improve access to care in each sub-region by working with health service providers in these areas to respond to local issues.

Q2: What were some of the principles used to identify sub-region boundaries?

When identifying sub-region boundaries, the LHIN was guided by the following:

- Data, including population statistics, where people access primary care, health-care usage patterns, health outcomes

- An aim to keep together communities with similar population characteristics (for example, rural, urban, Francophone, etc.)
- Focus on communities, and community-based health service providers
- Support existing administrative and service boundaries (for example, public health units), partnerships and collaborations.

Q3: I live in one sub-region and my family doctor is in another.

Does this mean I will have to get a new doctor?

Absolutely not. Patient choice is a crucial part of a quality health care experience. People can get care where they need it, and will not be denied care based on boundaries.

Q4: I am a family doctor, and refer my patients to a hospital outside my sub-region.

Does this mean I will only be able to send patients to hospitals in my sub-region?

No, sub-regions are not a barrier to care. People have always received care in different places, and this will continue.

Q5: I am a nurse practitioner currently referring my patients to health service providers outside of my sub-region. Will I need to start referring my patients to only the health providers in my sub-region?

No, patients absolutely will continue to receive health care services outside of their sub-region, as they wish and/or as needed.

Q6: Will all health care services be organized by sub-regions?

No, not all health services will not be organized by sub-regions. Some services are organized provincially, regionally and some at a very local level - such as within a particular municipality. Existing relationships, partnerships and collaborations should continue.

Q7: Are sub-regions just mini-LHINs?

No, sub-regions are not mini-LHINs. Administrative infrastructure for sub-regions will be minimal. They are the focal point for integrated health-service planning and delivery, not bureaucracies.

Q8: I work for a health service provider that partners with providers in other sub-regions.

Should we stop working across sub-regions and only work in our own?

No, providers are not required to work only within a specific sub-region. Partnerships should continue. They are an important way to ensure we are working smarter to provide the care that people need.

Q9: We are health service providers involved in Health Links, and our sub-region boundary isn't the same as our Health Link area.

Do we stop working with our Health Link partners who are outside our sub-region?

No, service providers should keep working with Health Link partners that are outside their sub-region. Health Links partners need to continue their work caring for people with the most complex health needs.

More than any boundary, Health Links is an approach to care. Over time, we want to see the Health Links approach as the standard of care in every sub-region.

Q10: When do sub-regions start? What are the next steps in this process?

Now that the LHIN has identified its sub-regions, we will be using them as a way to inform the work we are already doing. We will continue to advance the priorities outlined in our [Integrated Health Service Plan](#), using the sub-regions to better understand the particular health needs of the people in the sub-regions.

The sub-regions will also allow us to bring providers together to identify ways of coordinating and integrating services to meet those needs so we can improve the health of our residents.