

# Health Links

## Business Planning Guide

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# Introduction from Helen Angus, Associate Deputy Minister, Transformation Secretariat

Thank you for coming forward and stepping up to be a community Health Link. The work of the Health Links will result in better patient care and strengthened partnerships in the community. As the co-ordinating or lead organization, your job will be to work with your Health Link partners to improve patient outcomes by ensuring that patients in your region receive better continuity of care. If you're ready to form a Health Link, you've probably already been working on initiatives to ensure that the patient care journey in your community will be smoother.

## The Business Plan

The aim of the business plan is for you and your Health Link partners to give the Ministry and your Local Health Integration Network (LHIN) a better sense of how the work you've done, the work you're doing and the work you plan to do will improve the delivery and co-ordination of care for a defined patient population, reduce costs and meet the key commitments laid out in this guide. Developing the plan will help you stay on track and also give us a better sense of the help you may need in executing it.

## Don't Delay Your Plans for Co-ordinated Care

While we're looking for a good clear plan of your intended actions to establish your Health Link, we don't want the writing of a plan to get in the way of actually delivering better care.

So, our message to you is simple: If you're already implementing something in your region that supports better co-ordinated care, tell us about it in your plan. If you're just starting that work, then tell us what you plan on doing.

If you have any questions about filling out the business plan, please contact your LHIN.

*Please Note: Your Business Plan should be submitted to the Ministry within 90 days of receiving your Business Plan funding letter, and having previously sought LHIN approval of the Business Plan.*

Many thanks

Helen Angus,  
Associate Deputy Minister, Transformation Secretariat

# Health Links and the Role of the LHIN

As an approved Health Link, you'll be playing an important part in coordinating care within your region. As a result, your Local Health Integration Network (LHIN) is a necessary and invaluable resource to you in developing your Health Link and in compiling your business plan.

Having been approved as a Health Link, you are accountable to your local LHIN for your performance in meeting the key commitments outlined in this business planning guide.

Therefore, we strongly recommend that you consult the LHIN at all times during the development of your business plan and on an ongoing basis to ensure that you have a comprehensive picture of what is happening across and throughout the Health Links in their jurisdiction:

To assist you in structuring the relationship between your Health Link and your LHIN, the following key areas are listed as points of potential engagement.

## **A. Planning and Onboarding Health Links across the LHIN**

- LHINs will play a coordinating and advisory role in the development of readiness assessments and business plans for new Health Links and will engage in an inclusive process, with all providers. Health Links should seek LHIN support/advice in filling out and receiving guidance on the Business Plan
- Health Links and LHINs will work together to establish relationships (regardless of lead organization to ensure the activities and finances of the Health Link are reported as per the Health Link lead's accountability agreement
- Health Links will work with their LHIN to determine key contacts within the LHIN, including any LHIN IT/eHealth cluster-related support (specifically existing and future IT/eHealth solutions)
- Health Links will approach their LHIN for information on local communities within the Health Link, such as Francophone, Aboriginal, and/or other groups that should be taken into consideration as part of the business planning process and the overall development of the Health Link
- Health Links should work with their LHIN to obtain necessary data for the purpose of identifying their cohort of complex patients for the purposes of coordinated care planning

## **B. Health Links Implementation**

- Health Links will work with the LHINs to ensure there is flexibility in the development of the Health Links business plan and they are implemented accordingly once approved
- Health Links will assist the LHINs in their task of assessing and evaluating the processes, planning, assets and knowledge acquired by Health Links for deployment and use by current and future health links to achieve economies of scale (e.g., care planning processes could be replicated, EMR/IT resources extended to other health links without further expenditure).

### **C. Measurement and Reporting: Progress on Indicators**

- LHINs will work with the Ministry and the Performance and Measurement Sub-Committee to determine the requirements for LHIN level performance reporting.
- With MOHLTC consultation LHINs will work with their Health Links to ensure that requirements with respect to measurement of indicators and reporting are met in accordance with the Health Links Funding Agreements.
- A quarterly reporting template developed by the Ministry and LHINs will be distributed by the LHINs to the Health Links to report back on metrics to work toward these indicators.

### **D. Health Links Governance and Administration (*Please see section 7.0*)**

- LHINs will work to ensure that a Letter of Cooperation is in place at each of its Health Links and will act as intermediary in governance issues, managing these at the local level.
- A Health Links Letter of Cooperation Reference Guide, and any other supporting documents or templates can be obtained from the LHIN.



## 1.2 Collaborating Partners

List the organizations that have agreed to be part of your Health Link and contribute to Health Link activities.

You should engage a variety of partners, including primary care, speciality care, a hospital and Community Care Access Centre (CCAC), and other core health care partners, in addition to community and social service agencies.

## 1.3 Health Link Region Population Health Profile

Describe the region or catchment area of your Health Link. Attach any maps or other supporting documentation as an appendix.

Identify how many Ontarians live within your Health Link region. Since the initial focus of Health Link initiative will be on the one to five per cent of the population with complex health conditions and therefore extensive health service needs, outline the number of these individuals in your region.

Also indicate to the extent possible the prevalence of particular conditions causing these health service utilization patterns, as well as any other information you have on this population cohort. Where possible, include the numbers associated with each condition. It may be helpful to analyze previous fiscal year data for Emergency Department (ED) visits, hospital visits, CCAC data, Community Health Centre (CHC), etc.

As you describe your target area, take into consideration things such as health equity, as well as Francophone and Aboriginal communities. Talk to your LHIN to get more information on these communities in your Health Link.

## 2.0 Key Commitments

The primary goal of Health Links is to improve the delivery and co-ordination of care for a defined patient population while reducing costs. In order to achieve this goal, all Health Links are to work towards meeting the key commitments identified in the indicator flow diagram on page 7.

You may wish to include these metrics in a table format showing how you might work towards or achieve them over the first year, as in the sample table provided in Appendix A. We know that some of these indicators will take time to achieve, so outline what you can complete in the interim that will work toward moving the metrics in the long-term.

Health Links are also encouraged to outline how potential resources could be used to support achievement of aims in this table, specifically linked to your resource plan (refer to Section 3.0).

For each of these commitments, describe your planned improvement activities as well as your baseline, intended targets and preliminary milestones, if applicable. As you write your plan, please consider the following:

- It's clear that there is a 'knock-on' effect with many of these indicators – a given indicator will show progress as a result of action taken on another related indicator – so they have

been grouped as a 'cascade' to reflect that reality. However, be sure to provide information about your intended activities for each indicator.

- While some commitments on the next page specifically mention complex care patients and seniors, the initial focus for all Health Links for all indicators should be seniors and the complex patient cohort.
- In addition to those indicators from the flow diagram on the next page, Health Links are also encouraged to develop their own commitments and indicators specific to the communities they serve. While this will be dependent on the needs of your region, they should be based on the overall tenets of the program (e.g., enhanced patient experience, more co-ordinated care, better value/lower cost for services, etc.).

## Health Links Indicators

### Operational Metrics (Setting the Stage for Co-ordinated Care Straight away)

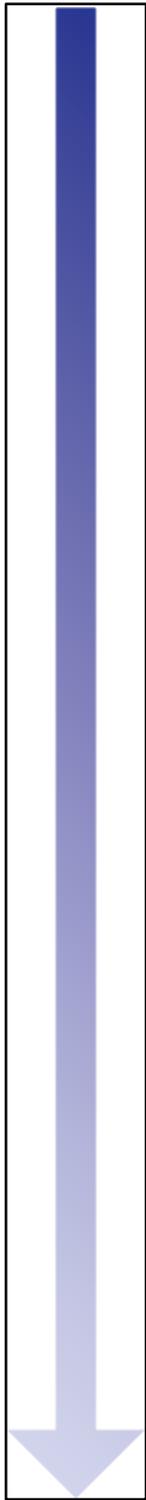
1. Ensure the development of co-ordinated care plans for all complex patients
2. Increase the number of complex patients and seniors with regular and timely access to a primary care provider

### Results-Based Metrics (Moving the Needle)

1. Reduce the time from primary care referral to specialist consultation
2. Reduce the number of 30-day re-admissions to hospital
3. Reduce the number of avoidable ED visits for patients with conditions best managed elsewhere
4. Reduce time from referral to home care visit
5. Reduce unnecessary admissions to hospitals
6. Ensure primary care follow-up within seven days of discharge from an acute care setting

### Evaluation-Based Metrics (How You'll Know You've Arrived)

1. Enhance the health system experience for patients with the greatest health care needs
2. Achieve an ALC rate of nine per cent or less
3. Reduce the average cost of delivering health services to patients without compromising the quality of care



While Health Links will be responsible for organizing care, the ability to show progress on these Operational Objectives will be central to progress with respect to the other results-based metrics.

Based around improving primary care co-ordination, home care and patient management in hospitals, these objectives are more results based. While the operational metrics above will assist in this area, we want to hear more about what you will do as a group to really move the needle.

If you've organized well and shown progress, it's likely that you'll be closer to increasing overall patient satisfaction and finding system-based efficiencies to help lower the cost of service delivery. We know that success here is a result of success in other areas but you'll need to plan for what else you can do to show success in this area.

## 2.1 Privacy

In your operations, Health Links will need to be compliant with the *Personal Health Information Protection Act, 2004* (PHIPA), which came into force on November 1, 2004. PHIPA governs the management of personal health information (PHI) by health information custodians (Custodians), and establishes rules that apply to the collection, use and disclosures of PHI by Custodians.

**For more information and resources on Health Links and privacy, refer to Appendix B of this guide or visit the Health Links Collaboration website.**

The stated purposes of PHIPA are to:

- i. Protect the confidentiality of PHI and the privacy of individuals with respect to their PHI - while facilitating the effective provision of health care;
- ii. Give individuals a right of access to and correction of their PHI - with limited exceptions;
- iii. Provide for independent review and resolution of complaints by individuals regarding their PHI - the Information and Privacy Commissioner's role (IPC);
- iv. Provide effective remedies for contraventions of PHIPA.

By being a signatory to Section 8.0 of the submitted Business Plan, you recognize that you understand and agree to abide by the requirements under PHIPA.

## 2.2 Information Management and Information Technology

Planning for IM/IT needs can be complex and challenging at this stage. Health Links should initially focus on using existing regional and provincial eHealth programs, tools and infrastructure to support immediate business needs. Health Links are encouraged to work with LHIN eHealth leads in mapping out current and soon-to-be available eHealth resources, to highlight important gaps, and to incorporate IM/IT needs into their business plans. Health Links should also consider reaching out directly to regional and provincial eHealth delivery partners for more information on available services.

Where common IT needs evolve, the ministry and its partners will endeavour to address them at the regional or provincial scale.

Where new IM/IT resources are required to meet local needs, Health Links are asked to include a plan for any funds requested as part of their overall resource plan (see Section 3.0 for information about the resource plan).

Funding requests can cover more than just technology, and can include staff members (e.g., systems analyst, industrial engineer, etc.), establishment of an IM/IT strategy, or small technology implementations. Where appropriate, the funding requests should touch on business requirements, scope, privacy requirements and project governance, and include as much detail wherever possible.

Details to include in the plan range from a gap analysis between current and proposed processes, alignment of existing and required assets, to a detailed implementation plan covering clear roles and responsibilities, capacity and stakeholder engagement, a risk analysis, project management and proposed milestones.

## 3.0 Resource Plan

In this section, you must identify the activities you plan to undertake in your first full year of operation, and link resources to the commitments you outlined in Section 2.0. Wherever possible, identify the direct and in-kind resources required to implement these activities (e.g., IT resources as per Section 2.2, project management capacity, etc.)

Please develop your resource plan by following steps 1 to 3:

### Step 1 – Identify how existing resources will support the implementation of your identified activities

Health Links are encouraged to draw from their existing resources for implementation activities where possible. You should include details on how existing resources will be leveraged to support implementation of activities in the first year. Talk to your LHIN about existing resources related to eHealth, and where they can be leveraged in setting up your Health Link.

### Step 2 – Identify the direct resources required to support the implementation of activities in Year 1

Each Health Link is eligible to receive funding of up to \$1 million to support the objective of improving care at a lower cost for their identified population. The funding will be directed to the Lead Organization of the Health Link, but would be used for programs and initiatives for the entire Health Link that support the commitments described in Section 2.0, improving patient care and the patient experience while reducing costs.

It is expected that the type of resources required would support the following kinds of activity:

- Strengthening partnerships and data-sharing capacity with your Health Link partners to support co-ordinated care efforts consistent with the Health Link commitments
- Activities directly related to building and executing co-ordinated care plans for your complex patient cohort (linked to the indicators on page 7)
- Activities directly related to patient and family engagement (see Section 4.0 for more information)

In your resource plan, you may wish to include headings such as Project Management and Administration, Consulting, Health Human Resources (e.g., salaries, benefits and overhead for interdisciplinary providers, etc.), Operating Costs, Patient/Family Engagement, Quality Improvement, Sustainability Planning, and Other.

### Step 3 – Initial Sustainability Planning

Once operational, all Health Links will be required to develop a full, long-term Sustainability Plan illustrating how their planned initiatives will reduce health service costs in the province.

For the purpose of this Business Plan, please identify the core areas in service delivery where your activities will provide better value for health care services based on first year activities.

## 4.0 Patient/Family Engagement

Engagement of patients and families is a key component of the Health Link mandate.

In this section, you are asked to describe how patient and family engagement will be reflected during the design, implementation and evaluation of all Health Link activities. This could take the form of patient/family advisory groups, patient experience surveys, patient/family inclusion in Health Link governance or other activities, and/or collecting stories from patients/family/caregivers to identify gaps in the delivery of care.

Where possible, also include how you plan to leverage existing resources and networks. If you have already begun work in this area, include those activities in this section.

## 5.0 Provider Engagement

Just as engaging patients and families is a key component of Health Links, so too is the engagement of those who care for them. Health Link collaborating partners can include a range of providers and agencies, including but not limited to: hospitals, CCAC, primary care providers, public health, municipalities, social services, the voluntary sector, academic institutions and many others. Though the particular composition of a Health Link will largely depend on local circumstance, generally a Health Link should include those providers and agencies that have a role to play in improving the health and wellbeing of individuals with complex conditions.

In this section, you are asked to describe how the Health Link will achieve meaningful engagement of its members: establishing the relationships, sustaining them and improving them over time to enhance the coordination of care for complex patients. Engagement activities such as this can be both an art and a science and methods may be unique for the different parties involved. Engagement activities should be stratified by provider type, detailing the methods of engagement for each as well as for the entire collaborative. It is important to include in this section not only how relationships will be formed from the outset but also how they will be sustained over time and oriented towards Health Links objectives.

Include in your plan any formal structures of engagement (e.g., Memoranda of Understanding, committee structures, etc.) as well as information activities (e.g., site visits, communities of practice, etc.)

## 6.0 Quality Improvement Plans

Quality Improvement Plans (QIPs) are Plans that certain health care facilities and organizations (e.g. hospitals, primary care groups, etc.) are required to produce that harmonize efforts to improve quality across the health care system, and guided by provincial and regional priorities. Through the QIP, organizations express their commitment to a patient/client-centred health care system, and can help you align your metrics with better patient outcomes and improved care coordination. While not all partners or organizations will have a QIP in place, Health Links can use this information as a starting point to discuss quality metrics. In this section, explain how the metrics in organizational level QIPs (where applicable) could be aligned with and incorporated in the Business Plan.

Activities that may already be underway in the Health Link that strengthen and enhance quality improvement in the region through cross-sector partnerships could also be expressed in this section. This alignment of activities and priorities could also be applied at the organizational level, and you may find it helpful to share your Business Plan with these sectors as they prepare to develop their annual QIP.

## 7.0 Governance and Administration

### 7.1 Governance

Describe the planned governance and/or decision-making structure associated with the Health Link. Available to each Health Link is a guide entitled “Health Links Letter of Cooperation Reference Guide” which will help you describe the relationships or cooperation between members, and provides a starting point in creating a Letter of Cooperation required for each Health Link. You can download this guide from the Health Links Collaboration Website, or contact your LHIN representative for a copy or for information on what areas to incorporate into this document.

### 7.2 Administration

Insert the full name, position and organization of the individual(s) who will be creating the Health Links Letter of Cooperation.

First name

Last name

Position

Organization

Provide the mailing address for the Health Link contact for purposes of the Letter of Cooperation, if different from the information contained in Section 1.

Name:

Organization:

Mailing Address:

Phone: (       )       -       ext.

Email:



# Appendix A: Health Link Indicator Mapping Tool

Metrics: Operational	Target Cohort			
	Interim Measure(s)	Baseline Metric	Target Metric	Data Source
Increase the number of complex and senior patients with regular and timely access to a primary care provider		0%	All complex patients are identified at end of year one  OR  100% have a coordinated care plan at end of year one	E.g., EMR, Health Care Connect, etc.
Ensure the development of co-ordinated care plans for all complex patients				
<b>Results-Based</b>				
Reduce the time from primary care referral to specialist consultation for complex patients.				
Reduce the number of 30-day re-admissions to hospital.				
Reduce the number of avoidable ED visits for patients with conditions best managed elsewhere.				
Reduce time from referral to home care visit for patients.				
Reduce unnecessary admissions to hospitals.				

Ensure primary care follow-up within seven days of discharge from an acute care setting.				
<b>Evaluation-Based</b>				
Reduce the average cost of delivering health services to patients without compromising the quality of care.				
Achieve an ALC rate of nine per cent or less.				
Enhance the health system experience for patients with the greatest health care needs.				

# Appendix B: Privacy Issues and Resources

## General Privacy Issues to Consider

What privacy issues should Health Links organizations consider when they want to collect, use or disclose personal health information (PHI) about patients?

### Authority & Consent:

- Is the information PHI?
- Do I have the authority to collect, use or disclose that PHI – with OR without consent?
- Does the person to whom I disclose PHI have the authority to collect it – with OR without consent?
- Am I in the “circle of care”? Is the Health Links organization to whom I want to disclose PHI in the “circle of care”? [refer to IPC resource, Resource B below]

### PHIPA Limiting Principle:

- Do I really need to collect, use and disclose identifiable information about patients?
- Could I use de-identified information instead, and still meet my purpose?

### Safeguards:

- How can I protect patient privacy from unauthorized use or accidental disclosure?

## Resources

“Key Privacy Considerations for Health Links under the *Personal Health Information Protection Act, 2004* (PHIPA)” MOHLTC presentation for Early Adopter Day on January 25, 2013, available on the [Health Links Collaboration Website](#):

- Brief overview of key PHIPA concepts and definitions – Personal health information, Custodian, Consent, Circle of Care
- General guidance on key privacy considerations – Questions to consider on Authority and consent, Limiting principle, Safeguards
- Sharing best practices for protecting patient privacy – Disclosure directives, Mobile devices, Patient notification, etc.
- Resources available from the Information and Privacy Commissioner of Ontario

“[Circle of Care: Sharing Personal Health Information for Health-Care Purposes](#)” available on IPC website

“[Health Links and Health Information Privacy – December 2012](#)” one-page primer by MOHLTC

- Key considerations – PHIPA limiting principle, Consent, Safeguards
- Key privacy concepts – Consent, Collection, use and disclosure, Circle of Care