Q&A

September 2013

District of Thunder Bay IDN Health Links

1. What is a Health Link and how will it work?

- In December 2012, the Ministry of Health and Long-Term Care (MOHLTC) launched integrated regional patient care networks called “Health Links”, placing health care providers at the centre of the system to help remove barriers to care.
- Working together in a defined geographical area, health care providers will work across teams to identify patient-centred solutions, provide individualized care plans and improve transitions in care between and among all health care providers, including family and specialist physicians, acute and long-term care facilities, home care and community support agencies.
- Health Links will initially focus on high users of the health care system, removing barriers to quality care and improving health outcomes for seniors and complex needs patients.
- The goal is to improve health outcomes for complex and senior patients, improve access to care as close to home as possible, improve quality of care and provide better value for health care dollars.
- All Health Links will have a lead agency such as a Family Health Team (FHT), Community Health Centre (CHC), Community Care Access Centre (CCAC) or hospital. Other members of the Health Link must be willing and able to collaborate in order to better and more quickly coordinate health care services for high-need patients such as seniors and others with complex conditions.
- In order to establish a Health Link, strong representation from local primary care providers and the CCAC are required. Joining or establishing a Health Link is voluntary.

Health Services Blueprint
Integration. Transformation.
A North West LHIN Initiative

2. Why are Health Links needed?

- Health Links are a new way of coordinating local health care for patients who often receive uncoordinated care from several different providers, resulting in both gaps and duplication in the care provided.
- Coordinating care is an important step in improving the services available to patients with complex conditions. Typically, these patients are seniors, have multiple chronic diseases and mental illness. These patients often default to the emergency department for care and are repeatedly re-admitted to hospital when they could be receiving care in the community.
- A recent study found that 75 per cent of seniors with complex conditions who are discharged from hospital receive care from six or more physicians and 30 per cent get their drugs from three or more pharmacies. The result is decreased patient care that also costs the health care system more than it should.
- Patients with the greatest health care needs make up five percent of Ontario's population but use services that account for approximately two-thirds of Ontario's health care dollars. Better coordination of care for these patients will result in better care and significant health system savings that can be devoted to other patients, ultimately improving the sustainability of public health care.

3. How will Health Links benefit patients?

- Linking health care providers together as an integrated team focused on improving patient care will improve quality of care, transition across the care continuum, and improve patient satisfaction. Health Links will help to ensure that during a patient's journey they will:
  - Receive the ***right*** care, from the ***right*** provider at the ***right*** time, as close to home as possible;
  - Have smoother transitions between providers;
  - Have an individualized comprehensive care plan, developed with the patient and his/her care providers who will ensure the plan is adhered to;
  - Have access to/improved communication with other providers;
  - Have a care provider to contact to reduce/eliminate unnecessary provider visits;
  - Have support to ensure the right medications are being appropriately taken; and
  - Only have to tell their story once.

4. Why would primary care providers and health service providers want to be part of a Health Link?

- Being part of a Health Link offers an opportunity to be part of a model of care centred on the patient and their family by including all providers to more effectively meet the needs of complex patients. Health Links aim to improve navigation and open up access to more services for better, integrated care. As a result, the health outcomes for your complex patients will be improved. Health Links offers us an opportunity to be better, together.
- You can help improve efficiencies and quality of patient care, which will lead to an improved patient experience, especially for high needs/complex patients and seniors.
- Through the Health Link, you can have access to inter-professional providers (i.e. FHOs, FHNs, FHGs and solo practitioners) working together to provide better patient care.
- You will have improved access to/improved communication with other providers.
- Health Links offer the opportunity to remove existing barriers in patient care – the Ministry is committed to removing barriers across the system.
- You can help ensure primary care providers are at the centre of the patient care system by leveraging this opportunity to engage with system partners in a new way.
- You can be a change agent and an integral part of a movement to create a health care system that provides better access to health care than ever before, today, tomorrow and in the future.
- You may be involved in (or lead) the development of a community-based care plan for your patients, ensuring a coordinated, person-centered care model.
- Sharing care responsibilities appropriately allows primary care providers an opportunity to stay on schedule, continue with or increase the number of patients cared for, and to maintain or improve quality of life for you and patients.
- Over time, Health Links will provide the ability address after hours/weekend responsibilities with larger pool of providers.
- Over time, Health Links offer opportunities for back office integration, administrative support and data sharing.
- It is exciting!

5. **Why start with the complex patients?**

- Complex patients are those individuals who are often the high cost users, and most often suffer from the lack of coordination of care delivery. Improved patient care for this group will have the greatest impact.
- Complex patients are the most likely to receive unnecessary or inappropriate care at a cost which is not sustainable. Health Links are designed to address the issues and ultimately provide better care for these patients.
- Complex patients represent approximately 5% of the population but use about two-thirds of health care dollars. A 10% reduction in the cost of the highest users could result in a $3 billion re-investment into the health care system in Ontario.

6. **Where will Health Links be in the North West LHIN?**

- The North West LHIN will have five Health Links that will correspond to the five Integrated District Network (IDN) areas in the North West LHIN, as defined in the 2012 North West LHIN Health Services Blueprint, as follows:
  - City of Thunder Bay IDN
  - District of Thunder Bay IDN
  - Kenora District IDN
  - Rainy River District IDN
  - Northern IDN

7. **What kind of provider will belong to a Health Link?**

- All relevant health care providers who care for patients within a given region (IDN) including primary care health, hospitals and community providers. For example:
  - Primary care – family/primary care physicians, independent practice physicians, nurse practitioners, Community Health Centres and Aboriginal Health Access Centres
  - Hospital – acute care, post-acute care, hospitalists, allied health professionals, surgeons and other specialists
  - Community – Community Care Access Centres, mental health and addictions services, community support services, assisted living, long term care and other services

- Other specialists and health care providers will be included in Health Links over time.

8. How will the impact of Health Links be measured?

- Each Health Link will have to identify indicators to measure success at the local level in addition to 11 indicators identified by the MOHLTC to measure the impact of each Health Link. These indicators include:
    - Increase the number of complex patients and seniors with access to primary care
    - Provide coordinated care plans for all complex patients
    - Primary care follow up within 7 days of discharge
    - Reduce avoidable emergency room visits for patients with conditions best managed elsewhere
    - Reduce unnecessary admission to hospital
    - Reduce 30 day re-admission to hospital
    - Reduce Alternate Level of Care (ALC) days
    - Reduce time from referral to first home care visit
    - Reduce time from primary care referral to specialist consultation
    - Patient satisfaction – enhanced experience with the health care system for patients with the greatest health care needs
    - Reduce average cost of delivery of health services without compromising the quality of care.

9. What is the role of primary care and health service providers? Where do we start?

- The North West LHIN can't do it alone. We need you to:
    - Be a change agent by understanding, embracing and championing the North West LHIN Health Links model of care;
    - Assume responsibility and lead the implementation of the North West LHIN Health Links in your practice and community;
    - Identify other influential leaders in your community, be a mentor to prepare your respective practices, organizations and communities for new ways of working together, develop synergistic partnerships, share best practices and identify opportunities for change;

- Garner support – we need the support of at least 65% of the primary care providers in each Link area to support and participate in the Link before we can move forward;
- Formalize your commitment to the Health Link through a written collaboration agreement; and
- Work with other health service providers in the area to determine an effective leadership model, develop a decision making framework and identify a "Lead" organization through a transparent and collaborative approach.

10. What is the role of the Health Links Lead agency?

- The Lead of each Health Link will work with the North West LHIN to ensure Ministry objectives are met; however, how each Health Link meets the objectives is to be determined and defined by the Health Link members.
- The Lead will be a conduit for Health Link funding and knowledge exchange, playing a secretariat role.
- The Lead will coordinate with Health Link members to complete a Business Readiness Assessment and develop a Business Case, including coordination of support of primary care providers within the Health Link.
- Other activities of the Lead agency will be identified by the Health Link members and defined in the Business Case.

11. Where is the "Plan" for our Health Link and when is it going to be available?

- The solution and plan belongs to you and your health system partners and colleagues.
- The Health Links Lead will work with their partners to develop a Business Plan outlining the priorities and approach for the local Health Link. It is important that this Plan is developed and owned by you as you work with and know the needs of complex patients in our system.
- The LHIN and the MOHLTC will provide ongoing resources and support to help guide you, including sharing of best practice as it emerges throughout the province.

12. How does Health Links align with other initiatives that are underway, such as the North West LHIN Health Services Blueprint or the Excellent Care for All Act?

- Both the Health Services Blueprint and Health Links align to the Excellent Care for All Act (ECFAA) through the focus on person-centred care and continuous quality improvement in health care delivery.

- The Health Services Blueprint is a 10 year plan developed by the North West LHIN for the North West LHIN to develop an integrated, person-centred health system with services delivered at the local, district and regional level.
- The Health Services Blueprint represents system transformation – our current system is not sustainable – the Health Services Blueprint represents a whole new way of delivering integrated health care – Health Links aligns to this approach.
- The goals and objectives of the Health Services Blueprint and Health Links are aligned as we focus on avoidable visits to hospital by providing the right care at the right place at the right time.

For more information please visit the North West LHIN website at www.northwestlhin.on.ca or email us at nwhealthlinks@lhins.on.ca

Ontario
North West Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Ouest