Health Link

WHAT IS A HEALTH LINK?

A Health Link is a voluntary, self-organizing system representing a new way of working together on the planning and delivery of care. A Health Link will empower the care community as a whole to develop clear, coordinated and communicated care plans that will enable patients to receive enhanced care in more appropriate settings.

The initial goal of a Health Link is to focus on "high user" patients – those individuals who use a disproportionate amount of care at a cost which is not sustainable, nor appropriate for their needs. The role of the Health Link will be to organize and coordinate care at the individual level to improve both the person's experience and health outcomes.

The funding of providers will continue to be the legislated responsibility of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN). There will be multiple Health Links across the LHIN and they will evolve as active advisors to the LHIN with regards to gaps, barriers and system performance.

HAVE A SAY IN DEVELOPING THE NEW HEALTH CARE SYSTEM

- Health Links represents the early foundations of the next evolution of our health system
- The Minister of Health and Long-Term Care has referred to Health Links as a "major transformational milestone"
- Health Links will represent "transformation" on a very real and tangible level across processes, practices and people
- Health Links are built upon patients and their families
- We need to realize it is the services and programs that must adapt to the individual (and not the other way around)
- It is time to cast down "silos" in favour of "systems" with a focus on inclusivity (as opposed to exclusivity)

- Health Links represent an opportunity to reimagine the system on a truly local level - leadership, composition and integration initiatives will be flexible based on local need

- This is not about building short-term solutions for a distinct group of people – rather, this is about creating a system that is sustainable and responsive over time

- This is an opportunity to have a say in how local health care is delivered and to improve the health system experience for patients and their families

HOW WILL HEALTH LINKS AFFECT MY WORK AND THE PEOPLE I PROVIDE CARE FOR?

Additional Support for your Patients = More Capacity

- Health Links will better support patients in their care and will ultimately:
  - Reduce hospital admissions and readmissions
  - Reduce avoidable use of the emergency department
  - Reduce the utilization of walk-in clinics
  - Reduce avoidable office visits
  - Enhance the ability of the provider to better leverage their time and resources

- Driven by locally-inspired and patient-centred solutions, Health Links may be the vehicle through which:
  - Accessibility to allied health providers is **enhanced** (regardless of whether a physician is affiliated with a family health team)
  - Awareness of – and access to – an incredible number of emerging services, initiatives and tools is **improved** upon
  - Accessibility to primary care is **expanded** (i.e. through shared-call arrangements across larger groups of providers)

Empowering you through IT integration

- One of the most significant barriers to effective coordination of services is the lack of IT integration across various providers and partners – there are too many computer systems that don't 'talk' to one another

- There is a powerful commitment to overcome this challenge and improve communication between patients, providers and partners

- IT integration could be delivered in any number of ways, from expanding Ontario Telemedicine Network (OTN) availability, to developing relevant and easy-to-use regional portals

- What could this mean for providers and their patients?
  - Having relevant and timely discharge information on hand
  - Being able to effectively and efficiently connect with other providers and specialists
  - Additional insight with regards to a patient's experience within the community, hospital and long term care (LTC) sectors
  - Improved efficiency with regards to how patients are supported (i.e. supporting patients through telehomecare systems)

Better Support during Transition

- Health Links will focus on supporting patients and providers through transitions between care settings:
  - Reducing the time between a primary care referral and a specialist consultation or homecare visit
  - Reconciling medications at key transition points
  - Appreciating the importance of effective discharge planning:
    - Assess risk of readmission and arrange appropriate discharge follow up (i.e. timely primary care follow-up after discharge)
    - Ensure that the individual and their caregiver understands the care plan, therapeutic regimens and who to call for assistance

Privacy and Consent – Personal Health Information Protection Act (PHIPA) and its Effect on your work/practice

- The lack of clarity regarding PHIPA is a major obstacle to effective collaboration and coordination
- Uncertainty translates into unnecessary limitations with regards to the collection, use and disclosure of personal information
- Regional experts will ensure that patients, providers and partners have a clear understanding of the vision, scope and parameters of PHIPA and what it means for care planning

Understanding Patients and their Experiences

- Dramatically improving the patient experience means engaging the individual in their own ongoing care and wellness

- Patients and family members will bring their stories, preferences and experiences to individualized care plans

- Care plans will bring patients, providers and partners together around a shared vision of care, goals and responsibilities

- The care planning process will:
  - Recognize that complex/chronic patients are often aligned with services that are based on acute/episodic care in hospitals or the emergency department (ED)
  - Provide insight into the different types of issues present within the "high user" population (e.g. the role of chronic disease or end-of-life/palliative care in hospital admissions)
  - Guide patients and providers in managing crisis situations
  - Articulate the importance of social needs in defining wellness
  - Reveal the causes behind admissions, readmissions and ED visits
  - Support continuity of care for the most vulnerable patients

- What a patient-centred care plan means to patients and their families:
  - Encourages questions and provides clear answers
  - Values the time of the patient and their family
  - Carefully considers the patient's preferences, speaks to them clearly and respects their wishes
  - Diagnoses the patient accurately and comprehensively
  - Provides high quality, holistic care when the patient needs it
  - Empowers the patient to self-manage, if appropriate
  - Keeps patients out of the hospital and ED for conditions best managed elsewhere
  - Uses 21st century technology to meet the patient's needs

<u>Promoting Healthy Aging and Empowering Self-Management</u>

- Health Links will offer new opportunities to actively portray and promote health aging as well as showcase the benefits of staying active in one's older age through physical activity, volunteer work, continuous learning and meaningful employment

- With a renewed commitment to both education and health literacy, Health Links will empower patients to make better health care choices across a wide array of health, social and community services

WHAT DOES HEALTH LINKS MEAN FROM THE PERSPECTIVE OF COMMITMENT, ACCOUNTABILITY AND FUNDING?

What are the implications of participation with respect to commitment and time?

- Health Links is a voluntary association of partners and providers across multiple sectors: primary care, specialist care, the community care access centre (CCAC), community-based health services, hospitals, long-term care and other related sectors (e.g. the municipal sector)

- What does commitment imply?
  - A willingness to study the problem(s)
  - Agreeing to make it a priority to understand how programs and services might be having an impact on this situation
  - Recognizing the roles of providers and partners as being part of the solution as well as part of the problem
  - Working toward changes in an organization that could enhance or improve patient care
  - Assessing need and making best use of current resources to meet that need with the potential to expand resources as required
  - This is a collaborative and group-based initiative so the impact on an individual provider's time is expected to be minimal

- What does it mean to take on the role of Lead Organization?
  - The Lead Organization is responsible for bringing the partners, providers and patients together within the Health Link
  - The Lead Organization will coordinate the development and execution of the Business Plan*
  - The Lead Organization will occasionally assume the role of case manager, system navigator and system reformer

** The Business Plan represents a significant exercise in planning and collaboration. As such, the Ministry owill allocate up to $75,000 on a one-time basis to support the development of the Plan.*

How does accountability work?

- Providers will share accountability for improved outcomes, focusing on access, healthier populations and value for money.

- The performance of Health Links will be evaluated across 11 specific indicators:
  - Ensure the development of coordinated care plans for all complex patients
  - Increase the number of complex patients with regular and timely access to primary care
  - Reduce the time from primary care referral to specialist consultation
  - Reduce the number of 30 day readmissions to hospital
  - Reduce the number of avoidable ED visits for patients with conditions best managed elsewhere
  - Reduce the time from referral to home care visit
  - Reduce unnecessary admissions to hospitals
  - Ensure primary care follow-up within seven days of discharge from an acute care setting
  - Enhance the health system experience for patients with the greatest health care needs
  - Achieve an ALC rate of 9% or less
  - Reduce the average cost of delivering health services to patients without compromising the quality of care

- Health Links, through the LHIN, are ultimately accountable to the Ministry of Health and Long-Term Care (MOHLTC)

- There is no requirement for physicians to revise their current reporting or contract relationships (i.e. Family Health Team contracts remain with the MOHLTC)

Is there additional funding associated with Health Links?

- There is no new ongoing base funding associated with Health Links

- Grant funding (one-time) is available to support targeted clinical integration initiatives such as Electronic Medical Record (EMR)/data integration or quality improvement measures (up to $1 million per Business Plan)

To find out more about Health Links in the HNHB LHIN, contact Michael Churm, Health Links Implementation Lead at 905-945-4930 ext. 4204 or via email at michael.churm@lhins.on.ca.