

Health Links leaders share successes – plan for future

More than 300 people involved in helping lead Ontario's Health Links approach to care met at an invitational summit in Toronto recently to celebrate achievements to date and plan for spreading and scaling the program within the newly created Local Health Integration Network (LHIN) sub-regions.

"To me, when I think about the work we have been doing to improve care for people with complex health care needs and circumstances, it's due to dedicated leadership from those of you in this room and your teams," said Lee Fairclough, co-host of the conference and Vice-President of Quality Improvement at Health Quality Ontario.

Fairclough also acknowledged the number of patients attending the summit. Patient participation and input was a major theme throughout the day.

In her introductory remarks, Fairclough noted that the number of patients with complex needs who have benefitted from Health Links has grown from 22,707 to 42,847 in the past year. An estimated 1% to 5% of the Ontario population have a high need for the type of co-ordinated care offered through the Health Links approach and there are now 79 Health Links groups spread across all LHINs.

"You really are pioneers," Susan Fitzpatrick, CEO of the Toronto Central LHIN and co-host of the conference told delegates, noting that the LHINs' role in care co-ordination is changing and they are interested in looking at how to grow and evolve the Health Links approach.

Craig Dixon, a 37-year-old who has benefitted from the Health Links approach to care after developing pancreatitis and acute renal failure while homeless, gave an inspirational address and noted establishing a strong relationship with his care coordination team "is what kept me going."

The importance of collaboration and developing relationships and partnerships was reiterated throughout the meeting as being central to the success of the Health Links approach. Another key theme was that of balancing standardization of care with the ability to customize approaches to meet local needs.

"The Health Links approach has become a model for integrated care ... and will be foundational to the development of (LHIN) sub-regions," said David Pearson, Director of Sub-Region Planning and Integration with the Central West LHIN and chair of the Pan-LHIN Health Links and Primary Care LHIN Leads Table

He added that consistently involving patients was the "secret sauce" behind successful sub-region planning. Kimberley Floyd, Vice-President of the Central West LHIN responsible for all aspects of Home and Community Care delivery, added that focusing on patient goals rather than provider goals was another key to success.

"Patients are our best teachers when it comes to integration" was a comment made by Dr. Jocelyn Charles, medical director of the Veterans Centre at Sunnybrook Health Sciences Centre.

The need to better use information technologies to support the sharing of Coordinated Care Plans, which are developed to guide individual patient care across multiple partners and in providing care, was another common theme heard throughout the meeting. "If you want to scale Health Links (i.e. increase

program capacity), digital health is necessary,” noted Ben King, Manager of Program Development and Delivery with the Ministry of Health’s Digital Health Secretariat.

“The Health Links model is evolving ... so our digital tools can also evolve to meet those needs,” he said, by enabling digital self-care, making it easier for providers to communicate with each other, and building digital capacity in home and community care. A number of speakers noted using these digital tools is becoming more important to build the type of connected care that defines the Health Links approach.

Other topics receiving attention during the day included endorsement of the maturity model to measure progress of the Health Links approach and broad agreement that performance indicators for Health Links need to be expanded to incorporate more outcome as well as process measures. The maturity model provides a framework for how advanced a particular Health Links initiative is in meeting providing necessary services, engaging patients and measuring the work done. Health Quality Ontario’s innovative practices for care coordination, transitions in care and mental health and addictions were cited on multiple occasions as important tools to enable improving care.

The challenges and difficulties in providing proper care for patients with complex needs was noted by more than one speaker. “Most patients think the system is connected. It’s not. It’s unconnected and quite messy,” was how one person put it.

The final panel discussion of the day was followed by a lively question and answer period in which many patient representatives at the meeting rose to express support for the Health Links approach, but also concerns and frustrations about the lack of awareness of the program. One speaker who is now a Health Links advisor said she had been a caregiver for a patient with complex needs but had not been aware of Health Links at the time when the patient would have benefitted from the service.

Another patient advisor noted patients need education on how to be partners in their own care.

Based on these comments, Fairclough noted “we really need to think about how we are communicating and educating the general public about what this model of care can enable.”

Following her summary of the day’s proceedings, Fairclough concluded “we need to continue these efforts and we really can’t lose the momentum.”