

# ADVANCING HEALTH LINKS

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June 18, 2015

# SECTION 1

## STRATEGIC CONTEXT AND OBJECTIVES FOR HEALTH LINKS

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Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation, MOHLTC

- Health Links have been operational in Ontario for over 2 years - **There will be 82 Health Links in operation by the end of the Summer.**
- Since their inception, we've seen incremental gains and improvements in care coordination for complex patients and improving transitions between services:
  - more than **7,465** care plans have been developed
  - More than **17,533** patient provided with regular and timely access to a primary care provide
  - More **1,800** partner organizations across health, community and social services have been engaged
- Health Links have never been so important....
  - We still need to deliver on better access to services for ALL of our 670,000 complex patients
  - From the system perspective, they're also major part of modernizing community care and a changing primary care sector
- After 2 years of operation and 2 years of research and evaluation of health links, we need to take what we've learned and adjust the model to ensure we're transforming our system providing the best access to care for all of Ontario's complex patients.

# Action Plan: Health Links Have Never Been So Important

## *Health Links Continue to be key to Health System priorities under the Action Plan...*

### **Access**

- We still need to deliver on coordinating Care for ALL Ontario's complex patients
- True access means Health Links continuing to integrate Care beyond Health Care Sector into the community, social services, housing, access to justice)

### **Connect (home and community care)**

- Larger number of services provided to larger number of clients (complex non-complex) in the community setting.
- Primary Care and Health Links will critical to a modernized home and community sector

### **Protecting Universal Health Care**

- Keeping system growth below 2% makes fiscal imperative stronger than ever
- Health Links are crucial to wider system integration and therefore is a key support to initiatives aimed at improving quality of care while delivering on fiscal commitments

### **Inform**

Focus on provision of information to support health choices –

- Primary care increasingly seen as the conduit for dissemination of information and public education
- Better integration of services through HLs will free up primary care capacity to accommodate an enlarged role in this area.



# What The Experts Found And What We've Learned

***Almost 2 years of evaluation, field research and quarterly reporting are telling us about the potential in Health Links and where we must focus to evolve the model.***

## ***Health Links Rapid Cycle Evaluation- PWC***

- ✓ ***Patient Identification*** an issue
- ✓ ***Flexibility of model*** has allowed for ***greater coordination of care***
- ✓ ***Signs that patient care is being enhanced*** through care coordination
- ✓ ***Patient experience improved***
- ✓ ***Tools and supports*** required for development
- ✓ ***Leadership and Governance*** will play a key role in maturation

## ***Health System Research Network Health Links Reports***

- ✓ ***Low rule environment*** leading to better care coordination and improved care
- ✓ ***Success has been on smaller scale*** but shows promise for scale up and spread
- ✓ ***Better performance in urban settings and high socio-economic areas*** than in rural settings
- ✓ ***Integration of clinical and broader social services*** will be critical to success

***Current Model for Health Links must evolve from its “pilot phase” so it can grow and achieve results for patient and for the system***

- “Low rules environment” stimulates innovation but has led to pockets of excellence rather than a cohesive model of coordinated care delivery:
  - Total flexibility in model governance, leadership has worked to establish the model but has led to a lack of role clarity
    - Lack of consistency in target patient ID is making success difficult to ascertain and will make spreading best practices less impactful
  - Field research points to unequal success rates across areas

Lack of Model Consistency leading to Variable success

- The Health Links started out with fewer performance measures to establish the program and foster innovation.
- Two years on the program’s efficacy and value are more difficult to quantify – both internally and externally

Performance Management Framework needs to mature with model

Funding Model is not Supportive of Scale Up

- LHINs need ability to develop/ encourage consistency across operations and strategize within their own geography
- Direct funding makes economies of scale across the LHIN much more difficult or sustainability planning

***On April 10, 2015, the Ministry and Women's College Hospital hosted a Health Links policy symposium to solicit feedback on the ministry's policy approach to advance the Health Links model:***

- ✓ ***Strong support voiced for the ministry's proposal and provided valuable advice on how to refine it***
- ✓ ***Stressed the importance of keeping moving forward to ensure that momentum is not lost***

**1. Strategic Standardization of certain elements of the model will provide consistency**

- ✓ Agreement on common approach for patient Identification (4+ comorbidities including focus certain social determinants of health (e.g. income, housing issues, community and social service eligibility)
- ✓ A formal process to capture and spread best practices is required

**2. Health Links has a role to play in system wide care coordination and integration**

- ✓ Health Links needs to mature with wider primary care in mind
- ✓ Health Links should be a key enabler for wider health, social and community coordinated care

**3. Health Links Funding** - Funding allocation should be LHIN based – providing stable operational base funding

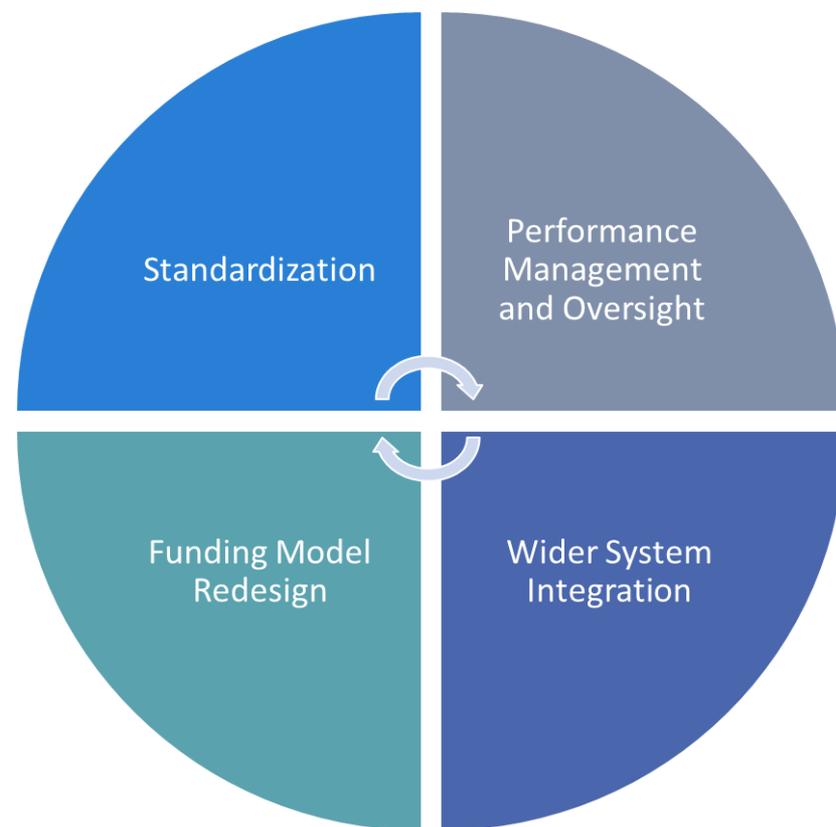
**4. Enhanced Performance Management and Oversight**

- ✓ Need to enhance what we report on now - must able to show progress soon but measure health links on things they can truly impact
- ✓ Support for the introduction of additional focused performance indicators for reporting during 2015/16 (see slide 11)

## Strategic Direction and Model

*The strategic context, the need for evolution and our consultations have shaped the direction for Health Links*

- ✓ Effective provision of coordinated Care for **all** Ontario's complex patients
- ✓ Focus on vulnerable populations (frail elderly, mental health and addictions and palliative)
- ✓ Consistent, quality care across the health care continuum and social services sectors
- ✓ Evidence-based, measureable improvement of the patient experience through enhanced transitions in care
- ✓ Maximizing coordinated care to generation of system value and sustain the Health Links Model
- ✓ LHINs accountability for performance
- ✓ Shared MOH/LHIN accountability for overall success



**IMPLEMENTATION - Over 2015/16  
EFFECTIVE FOR ALL HEALTH LINKS -  
2016/17**

SECTION 2

HEALTH LINKS 2.0:

ADVANCED HEALTH LINKS MODEL

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David Lamb, Manager Policy, Transformation Secretariat  
Health System Strategy and Policy Division

# 1. Standardization I

*Starting from the Same Place - Common Target Population and Common Measurement, Common Practices*

## Common Process for Identifying Health Links Population:

- ✓ Staying with the 5% - Health Links to continue to focus on Ontario's Complex Patients
- ✓ Process will include:
  - ✓ patients with four or more chronic/high cost conditions, including a focus on mental health and addictions conditions, palliative patients, and the frail elderly.
- ✓ incorporating social determinants of health (housing, community and social services etc.)
- ✓ Further information in Webinar in the next few weeks

## Enhanced Performance Measures Introduced for 2016/17

- ✓ Current report on number of care plans and attachment to primary care
- ✓ Over the course of 2015/16, the ministry will introduce **additional performance indicators** for reporting, which include:
  - ✓ Reduction of 30-day readmissions to hospital;
  - ✓ Reduction in home care visits referral time;
  - ✓ Reduction in the number of ED visits for conditions best managed elsewhere

## Best Practice Framework

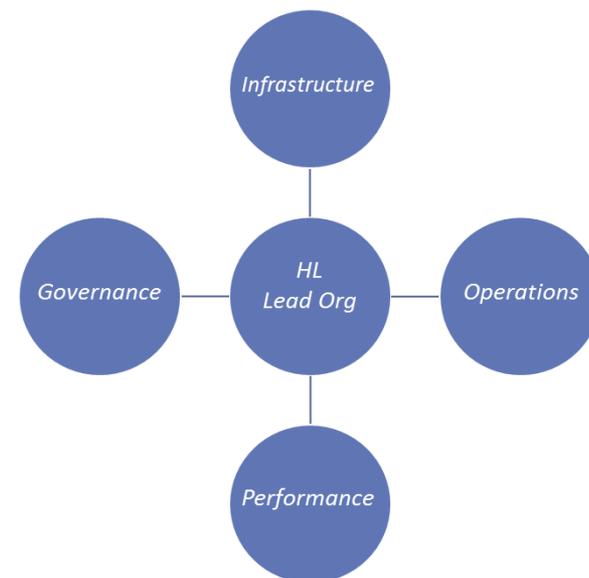
- Formal Process in place to Identify and disseminate emerging/best practice
- Common Emerging/Best Practice for Health Links Operations
- Focus on adaptation of care planning for vulnerable populations (MHA, Frail/elderly and Palliative) to support strategic focus
- Further information provided later in the deck.

## Standardization II

### Common Structure for HLs, Common Accountabilities for lead Organizations

#### Who Can lead a Health Link?

- ***Going forward, Health Links will be led by either Hospitals, Primary Care Teams or Community Care Access Centres (CCAC).***
- LHINs will have the flexibility to ensure that those Health Links currently led by other organizations will remain lead organizations:
- if they are best placed within the community to lead the health link given the make up of the health links population
- if they have already worked to establish the Health Links infrastructure



#### Accountabilities for Lead Organizations

- The lead organization is accountable for the Health Link's ***infrastructure, governance, operations and performance.***
- May establish by agreement that other Health Links Partner organizations are responsible for given areas or elements within these areas (See Next Slide)
- **All Roles and Responsibilities to be incorporated into the 16/17 Funding agreements**

## Standardization III

### Common Structure for HLs, Common Accountabilities for lead Organizations

Area of Accountability	Specific Accountability
<i>Infrastructure</i> (Establishing the Health Link)	Developing the Health Link's virtual infrastructure, including: <ul style="list-style-type: none"><li>• Providing project management and administration responsibilities;</li><li>• Defining and identifying roles/responsibilities of Health Links partners;</li><li>• Enabling implementation of care planning processes;</li><li>• Ensure that a health human resource (HHR) plan is in place (in collaboration with the LHIN)</li><li>• Ensuring patient engagement; and,</li><li>• Facilitating provider engagement</li></ul>
<i>Governance</i>	<ul style="list-style-type: none"><li>• Accountable to the LHIN for the establishment, operations and performance of the Health Link;</li><li>• Engage the LHIN on behalf of core/supporting partners; and,</li><li>• Coordinate the development and implementation of the:<ul style="list-style-type: none"><li>○ Business/annual operational plan;</li><li>○ Health Equity Impact Assessment (HEIA)</li></ul></li></ul>
<i>Operations</i>	<ul style="list-style-type: none"><li>• Working with the LHIN to identify the target population in accordance with guidelines ;</li><li>• Track the patient cohort;</li><li>• Oversee care plan management/implementation;</li><li>• Ensuring the appropriate connection to health services and coordinated care planning development of the provider network;</li><li>• Adopt best practices to enhance implementation; and,</li><li>• Ensure ongoing patient and provider engagement.</li></ul>
<i>Performance</i>	<ul style="list-style-type: none"><li>• Broker and set targets with the LHIN and Health Link partners;</li><li>• Ensure that the strategic/operational plan is achieved; and,</li><li>• Report on performance management to LHINs.</li></ul>

# Redesigning Health Links Funding

*to support LHIN accountability , the scale-up of operations around the province and to realize true value to the system*

## **From 2015/16 onward:**

- Health Links Funding to flow to the LHINs as a single allocation
- LHINs to have discretion to fund health links in accordance with regional and provincial priorities
- LHINs will have authority to fund their own initiatives that further the Health Links Strategy within their boundaries

## **Sustainability Plan**

- LHINs and health links will be required to develop a sustainability plan which will set out:
  - How the LHIN will maximize economies of scale within the portfolio of Health Links
  - Activities undertaken to promote/demonstrate how Health Links will maximize integrated care to support savings realization and or cost avoidance
- **Ministry and LHINs to develop guide for Sustainability Plan during Summer/Fall 2015/16**

# Performance Management and Oversight

*Enhance accountability for performance by Strengthening the Performance Management Framework*

- We need to ensure that we are measuring:
  - Outcomes that Health Links can directly improve
  - Tangible impacts that Health Links are having on the ground to improve patient experience and the quality of patient care
- Enhanced Performance Measures for 2015/16 include:
  - ✓ Development of coordinated care plans for complex patients (reported currently)
  - ✓ Regular and timely access to a primary care provider (reported currently)
  - ✓ Reduction of 30-day readmissions to hospital
  - ✓ Reduction in home care visits referral time
  - ✓ Reduction in the number of ED visits for conditions best managed elsewhere
- Indicators to be phased in over 2015/16
- Ministry/LHIN discussions on regional performance (using existing channels and forums)
- LHINs to work with Health Links to develop formal plans for performance improvement where necessary
- Continue long-term evaluation of Health Links to gauge their system impact

# Wider System Integration

*Adaptation and Alignment with other Ministry and Government Priorities*

## **Primary Care Alignment**

Positioning Health Links within wider Primary Care Framework. Objectives to include:

- Incorporation of Advanced Health Links Model within wider Primary Care governance model
- Leveraging Health Links in creating true population based care
- Performance Measurement – Harmonization of performance measurement across primary care and Health Links

## **Northern Rural and Remote Access**

- Adaptations of existing models of care to facilitate care coordination and access to services in Northern, Rural and Remote areas.
- Seek opportunities to align with other policy work aimed at facilitating access to services in Northern, Rural and Remote areas (Rural Health Hubs, Primary Care reform)
- Further work over the course of the summer is required to develop this variation for use by the LHINs in 16/17

## **Wider System Integration ‘Across Sectors’**

Facilitate and encourage greater coordination of health, social and community services through Health Links

1. Match efforts at the provider level with respect to connectivity (e.g. the provincial Connectivity Tables) by driving integration at the government level.
2. Alignment with Mental Health and Addiction Strategy, Poverty Reduction Strategy:
  - MHA - Creation of mental health and addictions pathways to be trialed through Health Links

Some elements of the advanced health links model will required LHIN/Ministry work over the course of 2015/16 to implement:

## **Standardization:**

- Incorporation of the Advanced Health Links Model into Governance/Funding Agreements.
- Refining Adjustments to the model for northern, rural and remote application (ensuring alignment with other work in this area at the provincial level and in the field)

## **Funding Model**

- Adjustments made to funding agreements in accordance and as per recommendations (dependent on future allocations)
- Ministry/LHIN to develop guide for sustainability planning for 16/17

## **Performance Management**

- New indicators to be phased in during 2015/16
- Develop Methodology for setting Health Links Targets for current and new indicators for 2016/17
- Ministry/LHINs to determine process for performance discussions

# SECTION 3

# MINISTRY/LHIN ROLE

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Paul Huras, Chief Executive Officer, South East LHIN

## *The advance of the model requires clear direction with respect to Ministry/ LHIN accountability*

### Ministry

- ✓ Sets the **Strategic Direction** for Health Links
- ✓ Overall funding to the LHINs
- ✓ Oversees the overall **performance** of the Health Links initiative to guide strategy
- ✓ Facilitates **operational success** by implementing provincial level tools and supports

### LHIN

- ✓ Sets regional priorities for Health Links and ensure alignment with provincial priorities
- ✓ Funds Health Links in accordance with Priorities
- ✓ Overall accountability for Health Links performance, LHIN by LHIN
- ✓ Drives operations through implementation of plans and support for adoption of provincial tools
- ✓ Identifies and implements regional supports and tools as required

Function	Ministry	LHIN
Program Strategy	<ul style="list-style-type: none"> <li>✓ Sets the provincial priorities (eg. Performance, Target population for HLs)</li> <li>✓ Identifies opportunities to support HLs as they mature</li> </ul>	<ul style="list-style-type: none"> <li>✓ Drives Health Links with Provincial Priorities</li> <li>✓ Sets Regional Priorities for coordination of care for complex patient through HLs</li> <li>✓ Facilities and manages development of Health Links within geography</li> </ul>
Operations	<ul style="list-style-type: none"> <li>✓ Overall Funding envelope to LHINs</li> <li>✓ Leading Sustainability planning with the LHINs</li> <li>✓ Supports effective operations through provision of provincial tools                             <ul style="list-style-type: none"> <li>❖ Coordinated Care Tool</li> <li>❖ Provincial Best Practices Framework with HQO</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Allocates funding as required to support operations across LHIN</li> <li>✓ Sustainability Planning with Health Links within boundaries</li> <li>✓ Works with HLs on HL budgets and operational plans in accordance with provincial regional priorities</li> <li>✓ Supports implementation of provincial tools and supports</li> <li>✓ Identifies, supports and implements regional tools and supports</li> </ul>
Perf. Mgmt	<ul style="list-style-type: none"> <li>✓ Monitor Overall Performance Program Performance</li> <li>✓ Provincial Evaluation of Health Links</li> </ul>	<ul style="list-style-type: none"> <li>✓ Performance management of Health Links within boundaries:</li> <li>✓ Assessing performance of HLs through Quarterly reporting etc.</li> <li>✓ Reporting on Performance to the ministry</li> <li>✓ Informal/formal performance improvement planning with HLs as required</li> </ul>
Comms	<ul style="list-style-type: none"> <li>✓ Provincial communications</li> </ul>	<ul style="list-style-type: none"> <li>✓ Regional communication and stakeholder engagement</li> </ul>

# SECTION 4

# IN-FIELD SUPPORTS

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## HQO Supports to the LHINs and HLs

- Data collection, timely reports and analysis
- Systematic identification of emerging innovations and best practices
- Dissemination and supports to assist HLs with uptake in collaboration with the LHINs



**Increased rate of progress and standardization with best practices  
across all Health Links**

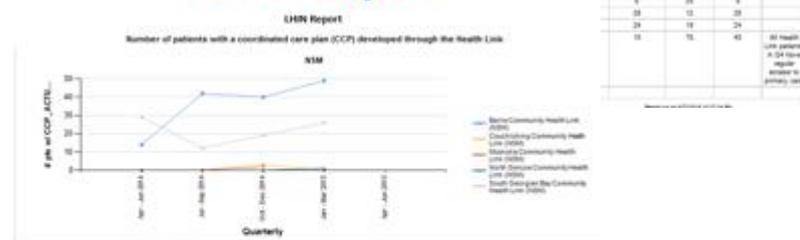
# Data Collection, Comparable Reports, and Analysis

- Support data collection on a quarterly basis for all HL through QI RAP tool
- Provincial, LHIN and HL level analysis and reports readily accessible (self service)
- Through identification of high performing Health Links; understand practices and processes contributing to strong performance
- Quality Improvement Specialists available in all regions to collaborate with LHINs to review and analyze reports of provincial, LHIN and HL data to:
  - Identify opportunities for improvement
  - Support inter-Health Link sharing of lessons learned on regional or pan-provincial basis
  - Identify opportunities for standardization and spread of emerging, promising and leading innovative practices
  - Connect with other relevant provincial quality initiatives

## Health Link Report



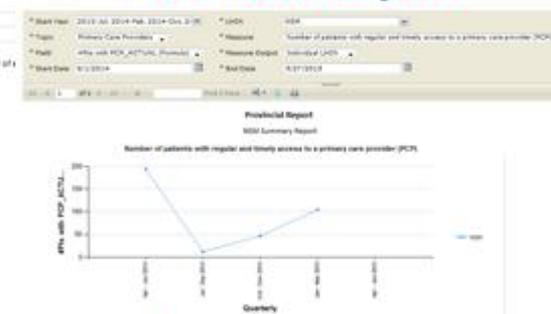
## LHIN Report



Direction of Improvement: ↑  
\* Health Links outside of the selected LHIN(s) may be included in this Report.  
\*\* The Summary represents a sum of the field or formula values for the selected Health Link(s) by quarter.

Date	Benzie Community Health Link # pts w/ CCP_ACTUAL (Yield)	Coaching Community Health Link # pts w/ CCP_ACTUAL (Yield)	Muskoka Community Health Link # pts w/ CCP_ACTUAL (Yield)	North Simcoe Community Health Link # pts w/ CCP_ACTUAL (Yield)	South Georgian Bay Community Health Link # pts w/ CCP_ACTUAL (Yield)	Health Link Summary # pts w/ CCP_ACTUAL (Reporting)	Proportion of Health Link Reporting*
Apr - Jun 2014	18	0	0				
Jul - Sep 2014	42	0	0				
Oct - Dec 2014	40	0	2				
Jan - Mar 2015	49	0					
Apr - Jun 2015							

## Provincial Report

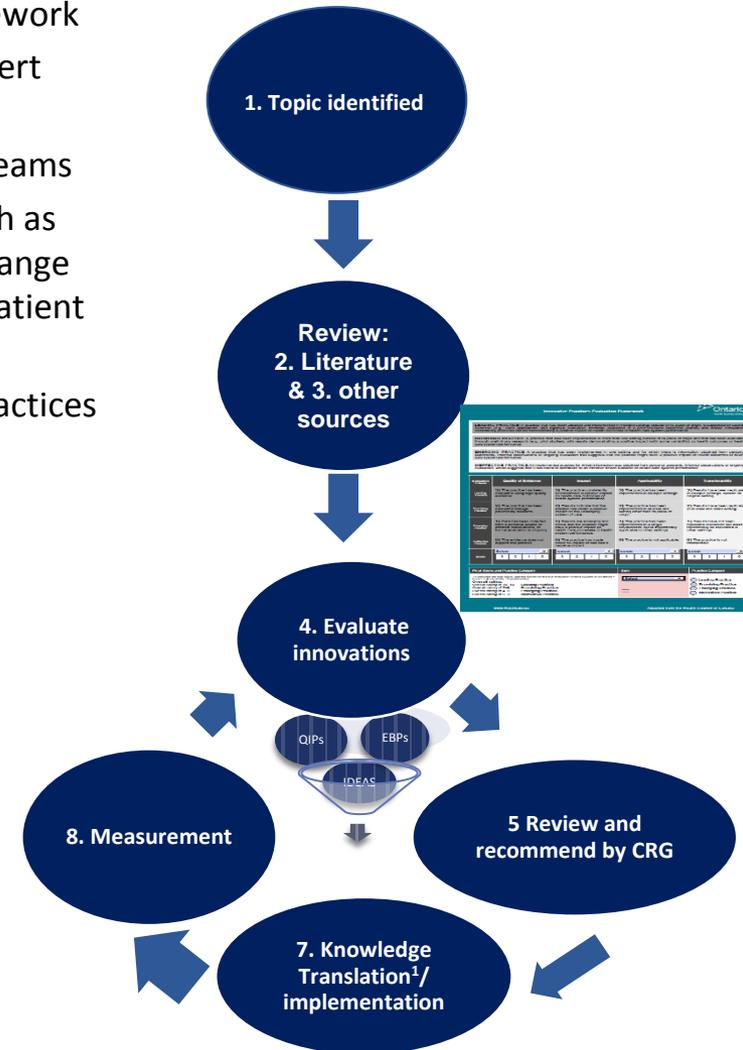


Direction of Improvement: ↑  
\* The Summary represents a sum of the field or formula values for the selected LHIN(s) by quarter.

Date	NIM # pts w/ PCP_ACTUAL (Yield)	LHIN Summary # pts w/ PCP_ACTUAL (Yield)	Proportion of Health Link Reporting*
Apr - Jun 2014	18	18	1.0
Jul - Sep 2014	42	42	1.0
Oct - Dec 2014	42	42	1.0
Jan - Mar 2015	49	49	1.0
Apr - Jun 2015			

# Best Practices Framework: Support Identification and Use of Innovative Practices

- Harvest innovations from early adopters, QIPs, quarterly reports, IDEAS, literature, etc.
  - Systematically evaluate using Innovative Practices Evaluation Framework
  - Review of recommended practices by Clinical Reference Group (Expert Panel) for provincial implementation
  - Produce 'guidance' materials, as practical resources to support HL teams
  - Disseminate identified innovations / best practices using means such as Community of Practice to provide webinars, create knowledge exchange between teams, practice toolkits (i.e. How to apply algorithms for patient identification)
  - Collaborate with LHINs to support HL teams in use and uptake of practices
  - Planned topics:
    - Identification of HL patients (product release this quarter)
    - Coordinated care planning (product release this quarter)
    - Consent/privacy
    - Building cross sector teams
    - Transitions in care
    - Palliative and end of life care, mental health & addictions
    - Patient engagement & improving the patient experience
- \* Make links where applicable to other provincial quality activities



# Progress and Next steps

## Data Collection, Analysis and Reporting:

- 47 Health Links reported data for Fiscal14-15 Q4 using the new method of data reporting through QI RAP
- **17,533** patients attached to Primary Care
- **7,465** care plans produced
- Introductory webinars held April 27, 28, 29 with 117 participants
- 416 registered users of the system from HLs, LHINs, MOHLTC, and HQO
- Five new reports available July 2015 - Webinars to introduce reports July 15 and 16
- Reminder: data entry due Q1 July 31, Q2 Sept 30, Q3 Dec 31
- Refer to HQO Website: access to QI RAP tool, reports, user guide, webinars, tools

## Best Practices Identification and QI Supports

- Two topics for release this quarter: Identification of HL patients, Coordinated care planning
- Community of practice established for coordinated care planning, others to develop
- Planned webinars to share materials, share information between HL teams about experiences with implementation – beginning July 8
- QI specialists available to all regions, expert QI knowledge, previous experience with early adopter Health Links and provincial perspectives to share

- **Implementing CCT in Health Links:**
  - Eight Health Links are well into the implementation process, and are now undertaking detailed implementation activities (e.g. training, change management, signing agreements)
  - Ten additional Health Links are part of a later implementation wave and will begin the process over the month of June
- The CCT vendor has **completed over 90% of the configuration activities** required for the first release and is on track for initial go-live in September
- A **User Working Group**, composed of over 20 clinicians from the initial eight Health Links, has met four times to provide detailed advice as part of the agile development process – building on the broad input from LHINs and Health Links on the coordinated care plan template
- An **evaluation of all aspects of the CCT project** is being planned, which help the ministry determine the best way to meet Health Link care coordination requirements following the proof of concept
- Regular, detailed updates are provided to LHINs every six weeks; the next update call is scheduled for mid-July

## **Advanced Health Links Guide (Out to the field by end of July)**

- Sets the expectations for the new model and allows the LHINs and Health Links to adjust operations and governance during 15/16 in time for implementation in 2016/17
- Will describe in more detail the changes to the model

## **Implementation**

- Ministry/LHIN working group to embark on implementation plan over Summer/Fall (with HQO support)

## **Your Questions Answered...**

- We won't get to them all today but will try to ensure that all of your questions are answered in the weeks that follow