South East Toronto
Family Health Team

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Improving Care to High Risk Populations through Outreach

A partnership with South East Toronto Family Health Team and Warden Woods Community Centre

HOW IT ALL STARTED

Community outreach is a main priority for South East Toronto Family Health Team (SETFHT) and outreach to areas where vulnerable and transient individuals do not have access to comprehensive primary health care is an area where we feel very strongly about providing support. This outreach initially started with providing primary care services on site to the Toronto East General Hospital Withdrawal Management Program for individuals who were seeking support for their alcohol and drug withdrawal but were also in need of primary care including mental health counselling and support. This first taste of outreach really resonated with this passionate group of SETFHT providers and discussions between Warden Woods, a multi-service community agency, started in early 2012. It was during this discussion that it was identified that there was a definite need for primary health care services in one of their supportive housing buildings and so a relationship was struck up between SETFHT and Warden Woods. A service level agreement was written up that had a physician and a nurse come on site for primary health care services bi-weekly (recently changed to monthly given reduced need) to the residents living in the building. The intent was to then roster these patients to one of our physicians at our SETFHT clinics for ongoing continuity of primary care services and access to Interprofessional health care providers, especially in the areas of mental health and addictions.

TARGET POPULATION

Many individuals living at this supportive housing unit have slipped through the cracks of traditional health care service delivery given their struggles with addictions and mental health issues. The target population for this outreach included:

- "A "Streets to Home" building with many residents previously homeless or under-housed;
- High risk and marginalized population with high rates of mental health and chronic diseases;
- Isolated geriatric population living within the building with mobility limitations and mental health issues;
- High rates of crime, and alcohol and elicit drug use;
- Most patients frequently visit walk-in clinics or hospital emergency departments as primary care or go without care; and
- Limited to residents without a current primary care provider (or are "poorly attached").

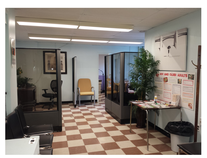
GOALS OF OUR OUTREACH WORK

The high level goal for this work was to ensure residents were able to effectively transition back into the community with their primary health care needs met. Other goals included:

- Improve long-term access to primary care through a harm reduction model; and
- Provide a welcoming environment to access primary health care services, to educate about how to navigate the health care system effectively and to help implement long-term change in behaviour to better one's health.

Two other goals that are very important include:

- Attaching individuals that are unattached, orphaned or poorly attached to SETFHT so that they can receive lifelong ongoing comprehensive, team-based care; and
- To create an opportunity for our medical resident learners to provide primary health care services to the underserved in the community, whilst facing many challenges to health care delivery including the impact of social determinants of health on patient and community health.



HOW IT WORKS

Residents are triaged through Warden Woods staff to identify those who do not have access to primary care. Three to six patients are seen each clinic with one physician (rotating team of Dr. Emmanuelle Britton, Dr. Sam Tirkos, Dr. Jackie Bellaire and Dr. Sian Wong) and one registered nurse (Lauren Cripps).

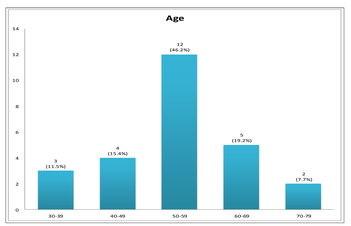
Clinic activities are inline with what a typical visit to a primary care clinic would look like with a focus on the individuals' primary health care needs:

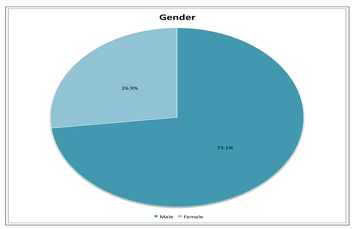
- New patients are enrolled and rostered to one of our FHT physicians (using VPN to chart directly in our EMR Practice Solutions);
- Immunizations are given to ensure all patients are up to date;
- Routine and screening bloodwork is offered and can be completed on site;
- Cancer screening is organized and follow through is facilitated by Warden Woods staff;
- Specialist referrals are initiated, with high referral rates to Psychiatry and Internal Medicine including Infectious Disease;
- Patients are connected to SETFHT social workers and care navigator to assist with mental health and addictions issues and to get support in accessing community resources;
- Time is spent ensuring ongoing case management, ODSP application and medical necessity forms are filed when indicated ; and
- Urgent issues addressed for rostered patients.

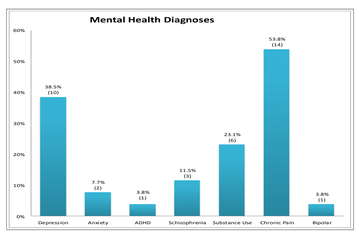
PATIENT DEMOGRAPHICS

From October 2013 to June 2014:

- 26 residents are now enrolled with SETFHT physicians
- Ages vary with the majority in the 50 to 59 age bracket
- Sex varies but majority are men

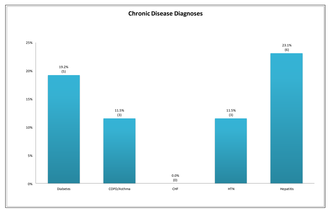




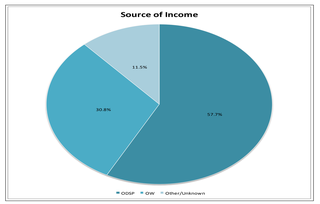


Variety of mental health diagnoses:

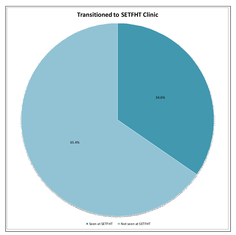
- Depression
- Anxiety
- ADHD
- Schizophrenia
- Substance use
- Chronic pain



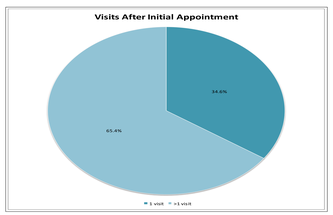
Multiple chronic diseases including diabetes, COPD/asthma, chronic heart failure, hypertension and Hepatitis B and C.



Main sources of income are from ODSP (Ontario Disability Support Program) and OW (Ontario Works).



One-third have received care at SETFHT's Danforth location (transitioning care into the community).



65% have returned for follow-up care (beyond initial visit).

OUTCOMES

The outcomes of this outreach work are what we would like to see with all patients that are facing addictions and mental health issues. Examples include:

- Routine screening is made accessible and completed;
- Previously unstable and non-compliant patients are now connected with community resources for long-acting antipsychotic injections on site; and
- Patients have entered into long-term alcohol management programs and have successfully remained substance-free.

As of May 2014, no suicides in the building have been reported since the clinic has started (which was a prior frequent occurrence according to building staff).

FUTURE DIRECTIONS

As outreach continues to be a pillar of our FHT and a key goal in our strategic plan, future directions are continually being formed. There is a desire by more providers to do further outreach working, particularly focusing on Toronto's strong neighbourhoods where there is not comprehensive primary care. For Warden Woods, the future includes:

- Continuing to enrol residents who are not able to access primary health care;
- Transitioning patients from visiting our on-site outreach clinic to seeing providers at SETFHT clinic locations;
- Integrating family medicine residents into the outreach primary care provision; and
- Working with Toronto Public Health to address building issues including drug use and safe needle disposal.