“People with the greatest care needs make up 5% of Ontario’s population, but use services that account for about 65% of Ontario’s health care dollars.”

RURAL WELLINGTON HEALTH LINK

Rural people no matter their challenges live their best health

Introduction and Goals

Health Links is a new way of approaching how we deliver health care. It is currently focused on the highest users of the health system, so that we can measure cost impacts as well as resident experience. The goals is to find a way to identify and coordinate patient-centered care for people in Rural Wellington (i.e. all of Wellington County except Guelph, which has its own Health Link) who live with complexity. Although many health and community agencies are working with the same clients at the same time, agencies are often unaware of each others involvement with a given client. Identifying the barriers and working to coordinate care with other agencies would result in fewer client visits to the emergency department, or client calls to 9-1-1 for non-urgent issues.

What do we mean by “complexity”? Clients who are:

• Diagnosed with 4+ chronic/high-cost conditions
• Impacted by mental health/addictions issues, are palliative patients, and/or are frail elderly
• Affected by economic characteristics (e.g. low income, unstable or no employment)
• Impacted by social determinants of health (e.g. few or no social supports; unstable housing; living alone, isolated, dependent on community/social programs)

Background

Currently, there are 82 Health Links across Ontario. Together with patients, local service providers, community agencies, Local Health Integration Networks (LHINs) and the Ministry of Health and Long Term Care, they share information and best practices in order to find the best ways to coordinate care. If successful, this approach may become the norm for health care in Ontario, providing care that is:

• Involved with all partner agencies
• Customized to the client
• User-friendly, with few barriers
• Integrated with primary care

Partners

The Rural Wellington Health Link works under the guidance of the Rural Wellington Health Advisory, whose members include:

• Minto-Mapleton Family Health Team
• Mount Forest Family Health Team
• Upper Grand Family Health Team
• East Wellington Family Health Team
• North Wellington Health Care Corp.
• Groves Memorial Community Hospital
• Canadian Mental Health Association (CMHA)
• Community Care Access Centre (CCAC)
• Homewood Health Centre
• Hospice Wellington

Additionally, Rural Wellington Health Links partners with:

• Guelph Wellington EMS
• Rural Wellington Community Team
• Waterloo-Wellington LHIN

Research Findings

• The reasons people get referred to Rural Wellington Health Links are often not medical – rather, economic issues such as unstable employment and lack of social supports are among the main factors that increase the odds clients will not do well with standard approaches to care (Figure 1).

• The largest proportion of Health Links clients in Rural Wellington were those aged 50-59, with 57% female and 43% male.

• The person often does not know how many agencies are involved in their care, and often most agencies do not know who else is involved in the care of the client.

• Health Links at first were often unable to determine if local agencies providing home care and mental health care were involved with the client. Coordinated care planning will help agencies see all the services involved with a client (Figure 2).

• 61% of participants were “somewhat confident” or “not really confident” in assessing patients/clients who are complex (i.e. multiple medical concerns, limited social supports, low income) and need extra help to self-manage. Developing supports and training to help providers work more effectively with this population would be helpful for better outcomes.

Next Steps for Rural Wellington

• Improve how complex residents are understood and managed by all agencies and service providers.
• Work with the community to identify and develop strategies to address need for stable housing, jobs, food access, and transportation.
• Ensure resources are available in rural Wellington in areas of mental health, addiction treatment services, and criminal justice.
• Continue to integrate care with complex residents into the basis of health and community services in Rural Wellington.

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