

Improving Care for High-Needs Patients in the Central West LHIN

*McGuinty Government Linking Health Providers,
Offering Patients More Co-ordinated Care*

December 7, 2012 - Ontario is improving co-ordination of care for high-needs patients such as seniors and people with complex conditions through the creation of a Health Link in Dufferin.

One of 19 across the province, the Dufferin Area Health Link will encourage greater collaboration and coordination among a patient's different health care providers as well as the development of personalized care plans. This will help improve patient transitions within the system and help ensure patients receive more responsive care that addresses their specific needs with the support of a tightly knit team of providers.

The Dufferin Area Health Link will be coordinated by Headwaters Health Care Centre, and will be working with the following partners:

- Central West CCAC
- Dufferin Area Family Health Team
- Highlands FHO
- Orangeville Family Medicine Corporation FHO
- Hospital affiliated specialists, Internal Medicine, OB/GYN, General Surgery
- William Osler Health System
- Wellington Dufferin Guelph Public Health Unit
- County of Dufferin - Dufferin Oaks Long-Term Care
- County of Dufferin - Dufferin County Community Support Services
- Alzheimer's Society of Dufferin County
- Hospice Dufferin
- Family Transition Place

Each Health Link will measure results and develop plans to improve access to family care, reduce avoidable ER visits and re-admission to hospitals, reduce referral time to a specialist, and improve the patient's overall experience through the health care system.

Health Links are part of the McGuinty government's Action Plan for Health Care, by delivering faster access and a stronger link to family health care, and providing the right care, at the right time, in the right place.

QUOTES

"The Central West LHIN is truly excited about the Minister's Health Links initiative. We see local health service providers across the spectrum improving access by building on their strong collaborative relationships and putting people at the centre of high quality care, particularly those who need it most. The LHIN is very pleased with the starting point of two Health Links being established in the Central West LHIN, with the expectation that we will see more Health Links here very soon."

- Maria Britto, Chair, Central West LHIN

"Health Links presents an exciting opportunity to collaborate and work together with our community health partners, including primary care, to put patients first. This enhanced model of care will ensure higher-quality of care and improved access for our communities."

- Liz Ruegg, President and CEO, Headwaters Health Care Centre.

"This is a really big step towards improving access to health care services for residents. Through our strong partnerships with health service providers, we will be able to help patients move seamlessly through the system and receive the quality care that they need at a local level."

- Scott McLeod, Central West LHIN CEO.

"Health Links will break down barriers for Ontarians, making access to health care easier and less complicated. By encouraging local health providers to work together to co-ordinate care for individual patients, we're ensuring our most vulnerable patients – seniors and those with complex conditions – get the care they need and don't fall between the cracks."

- Deb Matthews, Minister of Health and Long-Term Care

QUICK FACTS

- 19 early-adopter communities have been chosen to launch the first Health Links and will submit plans to the Ministry of Health and Long-Term Care within the next 60 days. Over time, Health Links will be expanded across the province.
- A Health Link may include family doctors, specialists, hospitals, home care, long-term care and community support agencies. Each Health Link will have one of its providers play a co-ordinating role.
- Each Health Link will work with its LHIN to develop personalized care plans for seniors and other patients with complex conditions, and to increase the number of those patients with a primary care provider.
- Patients with complex conditions include seniors, those with multiple chronic diseases, and those with mental illness and addictions.
- A recent study found that 75 per cent of seniors with complex conditions who are discharged from hospital receive care from six or more physicians and 30 per cent get their drugs from three or more pharmacies.
- Complex patients represent up to five per cent of Ontario's population, but use two-thirds of the health care budget.

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