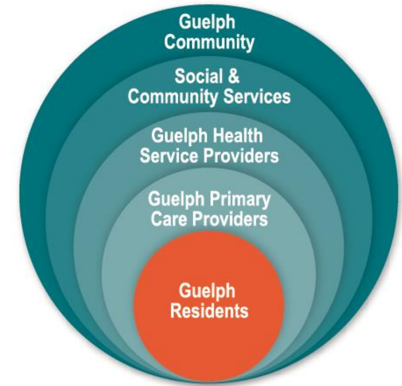
HealthLink
Guelph



AFHTO Presentation October 2014

Ross Kirkconnell, Executive Director Guelph Family Health Team
Ross.kirkconnell@guelphfht.com 519 837 4444 x 222

Jennifer Mackie RRT, MBA, HL Project Coordinator
jennifer.mackie@guelphfht.com
Tel: 519 837- 4444 Ext 233

Guelph Family Health Team

Presenter Disclosure

- **Presenter:** Ross Kirkconnell
- **Relationships with commercial interests:**
  - **No Commercial Support**
- **This program has not received financial support.**
- **This program has not received in-kind support**
- **<u>Potential for conflict(s) of interest</u>:**
  - No Conflicts of Interest

Guelph Family Health Team

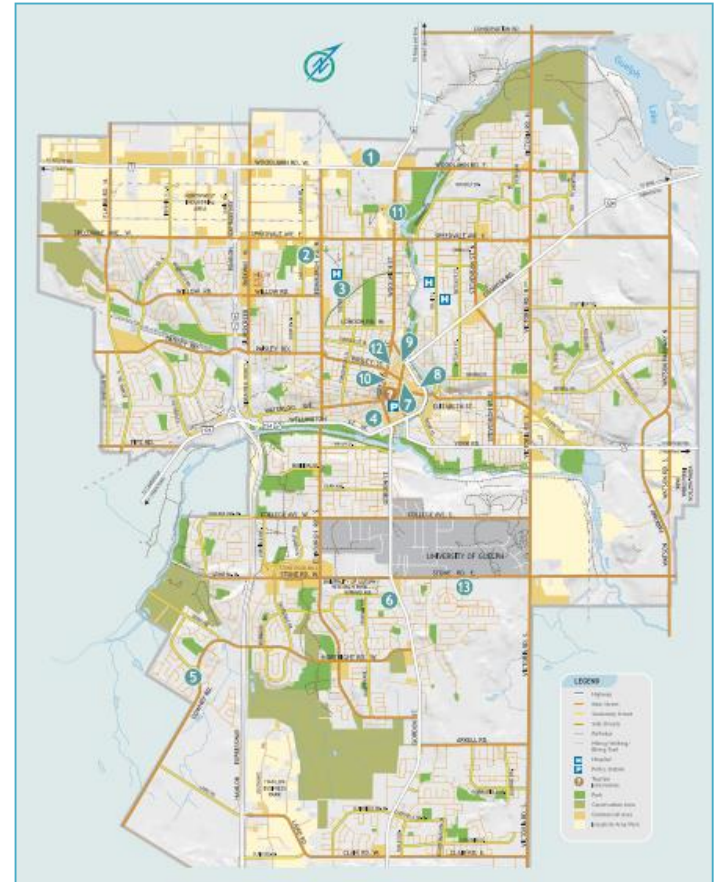
Guelph Health Link
Presentation Outline

1. Guelph Health Link - setting the stage
2. Member Experiences
3. System Impact
4. System Themes

Guelph Family Health Team

Guelph Health Link
Primary Care

- Guelph FHT
  - 110,000 Guelph residents
  - 26 clinic sites
  - 77 family practitioners and 73 allied health professionals
- Guelph Community Health Centre
  - 6,000 patients
  - priority populations



Guelph Family Health Team

Guelph Health Link
Community Partners

- Alzheimer Society
- WW CCAC
- CMHA WWD
- St. Joseph's Health Centre
- Family Counselling & Support Services
- Guelph Community Health Centre
- Guelph Wellington EMS
- Community Pharmacy
- Guelph Independent Living
- Guelph General Hospital
- Homewood Health Centre
- Guelph Police Services
- Hospice Wellington
- Guelph Family Health Team
- WW LHIN

Guelph Family Health Team

Guelph Health Link
Who are HL Members?

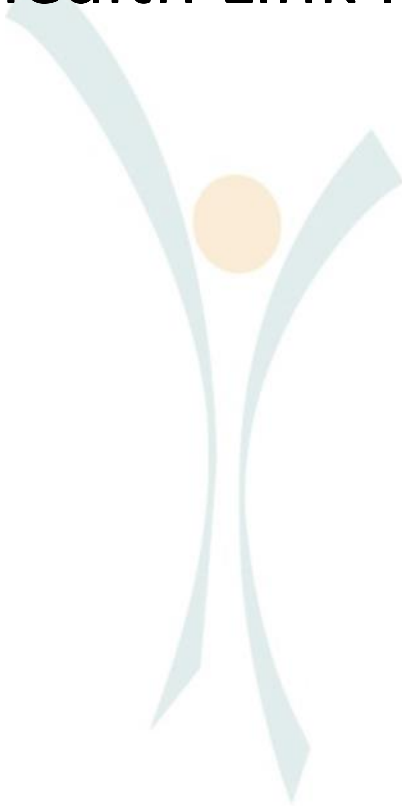
- People with multiple risks, poly-morbidity
- Identified by the family practitioner; recommended by other providers
- *What Matters to Me* interview
- Guelph HL Passport / Coordinated Care Plan created with involvement of the HL Member and multiple providers
- Identified "go to" person

Guelph Health Link
Supporting HL Members

- Primary Care Providers have identified over 1300 HL Candidates
- 876 Coordinated Care Plans
  - 300 GFHT HL Passports
- HL Member Benefits*:*
  - Check in calls
  - Mini care conferences
  - Multiple provider conferences with multiple disciplines

Guelph Health Link

- Health Link Patient Stories …..



Guelph Family Health Team

Guelph Health Link - Everyone Has a Role

Guelph Health Link will enable the Guelph care community to provide coordinated "wrap around" care by health, social and community service providers for individuals with complex needs.

Health Link Team

- M — Health Link Member
- PC — Primary Care Practitioners: family practitioner, nurse
- HS — Health Service Providers
- SC — Social & Community Services
- C — Guelph Community: family, friends, neighbours, volunteers
- G — Health Link Guide: primary care team "go to" person.
- T — Health Link Program Team = PC + HS + SC + C

1 Contact Health Link candidates

Primary care provider identifies and calls Health Link candidate to offer an interview.

- M: Has the opportunity to receive "wrap around care" AND help Health Link learn how to best support health and well-being for Health Link members.

2 "What matters to me" interview

Registered nurse/social worker conducts interview.

- M: Tells their story. Receives a Health Link sticker for their health card and personal web calendar.
- T: Hears what matters to Health Link member in daily living and their preferences for how best to be supported.

3 Health Link passport

Member receives a personalized passport within weeks and can share with family and service providers. The assigned Health Link Guide explains how the passport helps.

- M: Passport allows care givers to "know me as me". Well-being expectations, life style preferences, medical highlights and key contacts are all in the passport.

  Doesn't have to repeatedly tell their story.

4 "My needs" are known

Caregivers have access to the Health Link member's passport and personalized care plan for better service delivery coordination.

- PC, HS, SC: Better understanding of member's complex situation; can offer tailored care. More support options by the care community.
- C: Provide informed help.

5 Health Link checkins

Health Link member feedback is regularly sought by Health Link team after receiving first passport and care plan.

- M: Has active role in their own care plan.
- G, T: Gather feedback to refine Health Link approaches and member's "wrap around" care requirements.
- T: Modify and enhance service options.

6 Care options broaden

Opportunity for customized care responses.

- M: More, informed opportunity for health and personal care choices.
- T: Expanded care team reduces in-clinic demand by anticipating member needs.
- C: Role clarification and coordinated involvement in design and delivery of options.

7 Health Link member is part of their care team

Satisfaction and well-being increase as care options broaden and Health Link member involved in own care plan.

- M: Works with their Health Link Guide and others to receive tailored support.
- T: Better use of resources and better design of services.

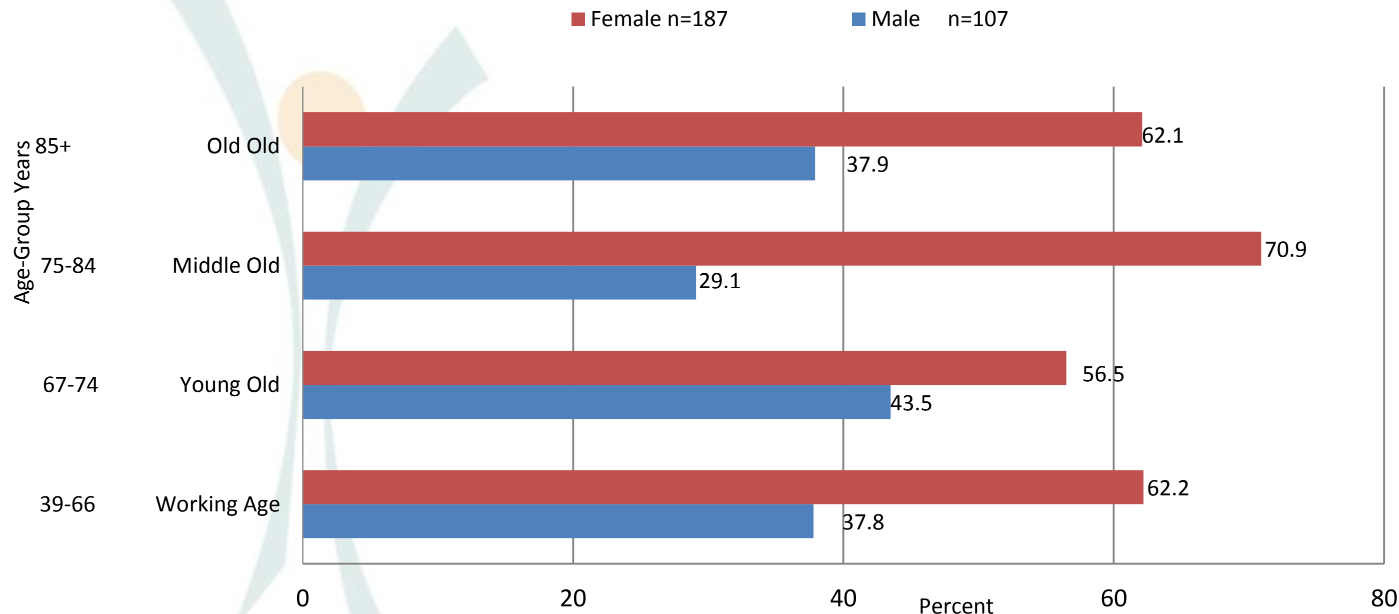
8 Health Link check-ins & ongoing improvements

Health Link member and their support team's feedback is sought by Health Link Team.

- M, C: Peace of mind and satisfaction for Health Link member, family and other supporters.
- G, T: Seek feedback to refine Health Link approach and quality of care.
- T: Ongoing modifications to enhance service options.

HealthLink Ontario Guelph Family Health Team

Guelph Health Link Members



Guelph Family Health Team

Guelph Health Link
Member Experience

- From 300 'what matters to me' conversations we learned:
  - 60% are computer savvy
  - half worry about falling
  - one third regularly experience fear about their health or other things
  - 50% have visited ED
  - almost half have less than 2 hours physical activity in 3 days
  - over one third don't always get enough sleep
  - 20%: getting out of the house over the past week didn't happen or happened only once

- … and we need to learn more to address those who don't fit the rules like John…

Guelph Family Health Team

Guelph Health Link
System Impacts

- **Primary care** outreach: home visits, phone calls, *conversations* vs intake approach
- **CREMS** – link users with primary care, CCAC, CMHA
- **CCAC** - link with primary care
- **Specialized Geriatric Services** - link with primary care
- **CMHA** – review of moderate-severe Mental Health/Addictions clients with primary care
- **Homewood** (psychiatric hospital) - improved discharge practices to link with primary care
- **Guelph General Hospital**- data sharing, recognition of HL passport, improved discharge practices involving CCAC Rapid Response RN, and link with primary care

Guelph Family Health Team

Guelph Health Link
Themes

- **Integration**: primary care with community agencies
- **Transitions:** between providers, programs, services
- **Interim support:** *find* options where service wait times exist
- **Shared information:** to change / improve our processes
- **Partner relationships!**

Guelph Family Health Team