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LESSONS LEARNED FROM HEALTH LINKS IMPLEMENTATION

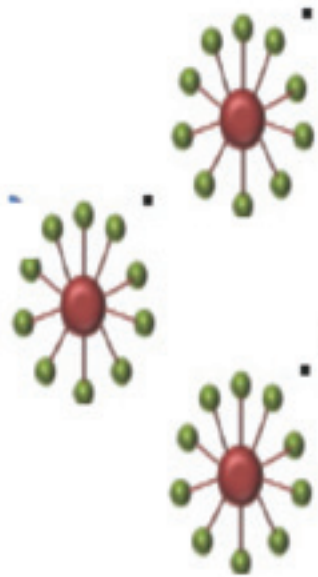
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Principles/Core Features of a Health Link

- Person - Centred
- Local Focus
- Voluntary Partnerships
- Robust Primary Care Participation
- Measurement and Results
- Leadership
- Accountability
- e-Health



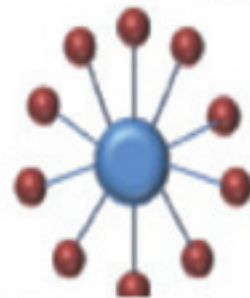
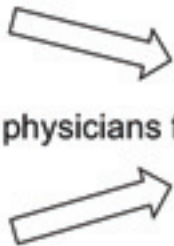


Primary Care Clusters

Practices work together to leverage resources supports such as

- allied health,
- QI planning/resources
- IT resources/supports
- On- call

Lead physicians from clusters



All cluster Lead physicians

Local PCN Lead sits on SWPCN

Local PCN (1 per Health Link)

- Lead physicians, identified in each cluster, represent their clusters on HL steering committee for planning, QI and monitoring activities
- The local PCN Lead sits on the SW PCN



South West PCN

- Inform regional planning
- Comprised of local PCN leads & other regional members



Health Link Quality Improvement Model

The 5 commitment areas will help to close the gaps in achieving the best care and outcomes for our patients.

The key enablers form the base of our model to support the change in how we deliver care.



Lessons Learned

- Getting buy-in from already busy stakeholders requires ongoing communication/engagement
- Engaging primary care is more successful physician to physician
- Leveraging existing relationships builds a strong foundation for a HL
- Establish a shared vision with clear priorities
- Shared accountability and co-leadership models have potential to maximize the strengths of participating organizations
- Utilizing a systems approach to identify Health Links, with clear definition of boundaries helps to maintain objectivity in determining Health Link locations
- Health Links with larger geographies may find that planning and coordination happens at the Health Link level but actual individual care planning may occur at a sub-HL level with a group of local, connected providers

