

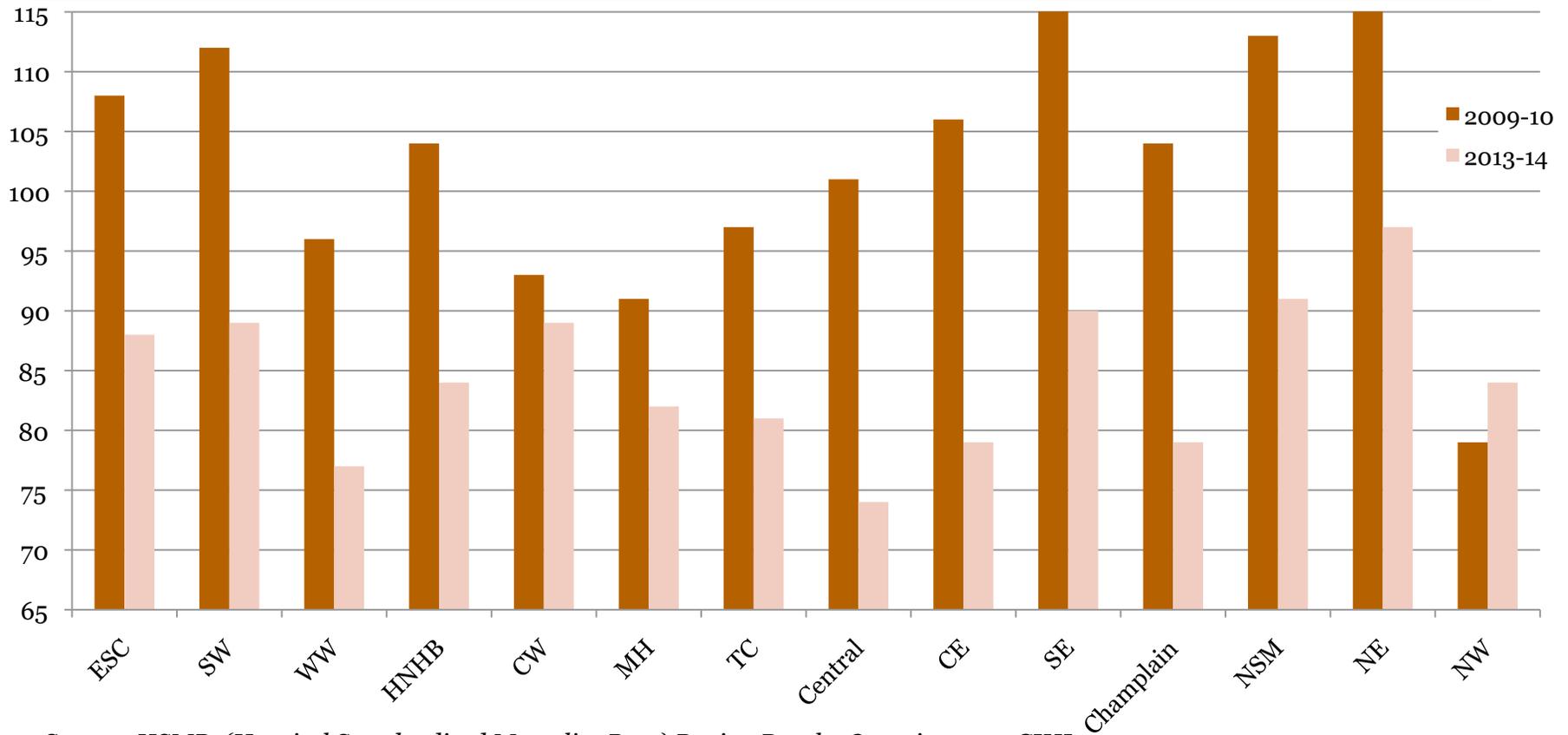
*Ways & Means  
Health Links 2015  
(aka 2.0)*

@willfalk

February 26, 2015

***In 2012 when HealthLinks were conceived, ECFA was about 3 years old (HSMR has declined 18%)...***

Ontario Average	FY 2009	FY 2010	FY 2011	FY 2011	FY 2013
HSMR	104	98	92	89	85

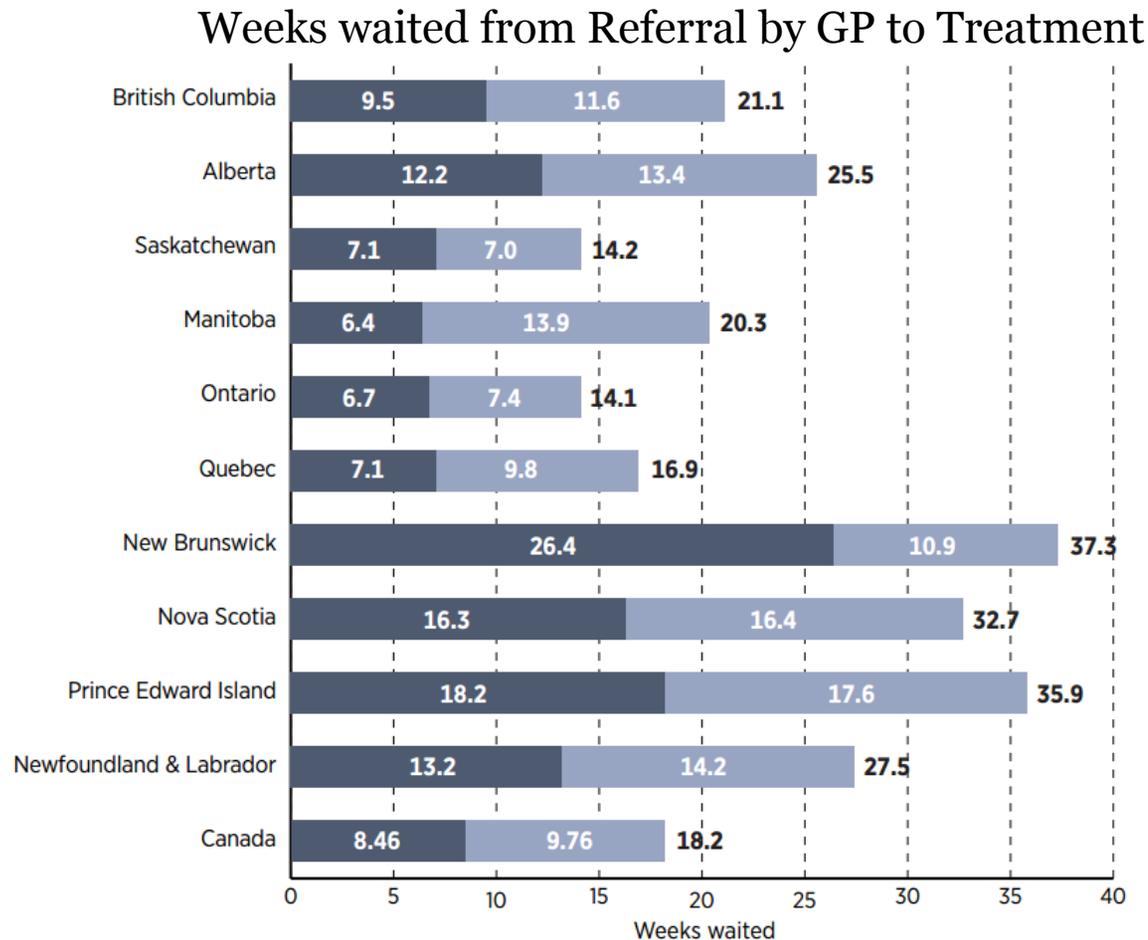


Source: HSMR (Hospital Standardized Mortality Rate) Region Results Ontario, 2014, CIHI

PricewaterhouseCoopers LLP

# *Ontario Wait Times had been improving since '06...*

## Median Wait Time by Province, 2014



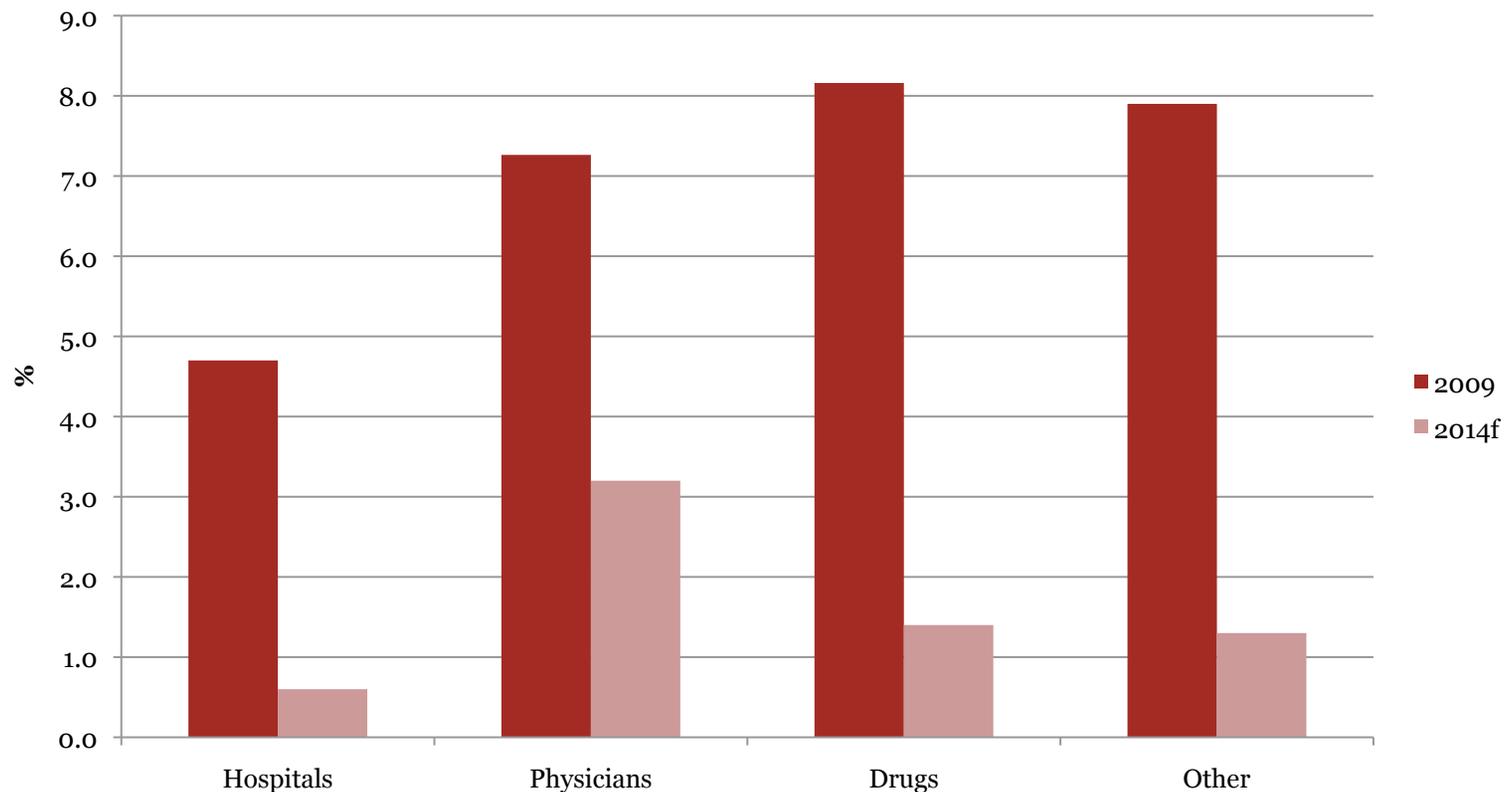
■ Wait from GP to specialist ■ Wait from specialist to treatment

Note: Totals may not equal the sum of subtotals due to rounding.

Source: The Fraser Institute's national waiting list survey, 2014.

# ***And spending had been managed tightly... ...but all within sectors (aka silos)***

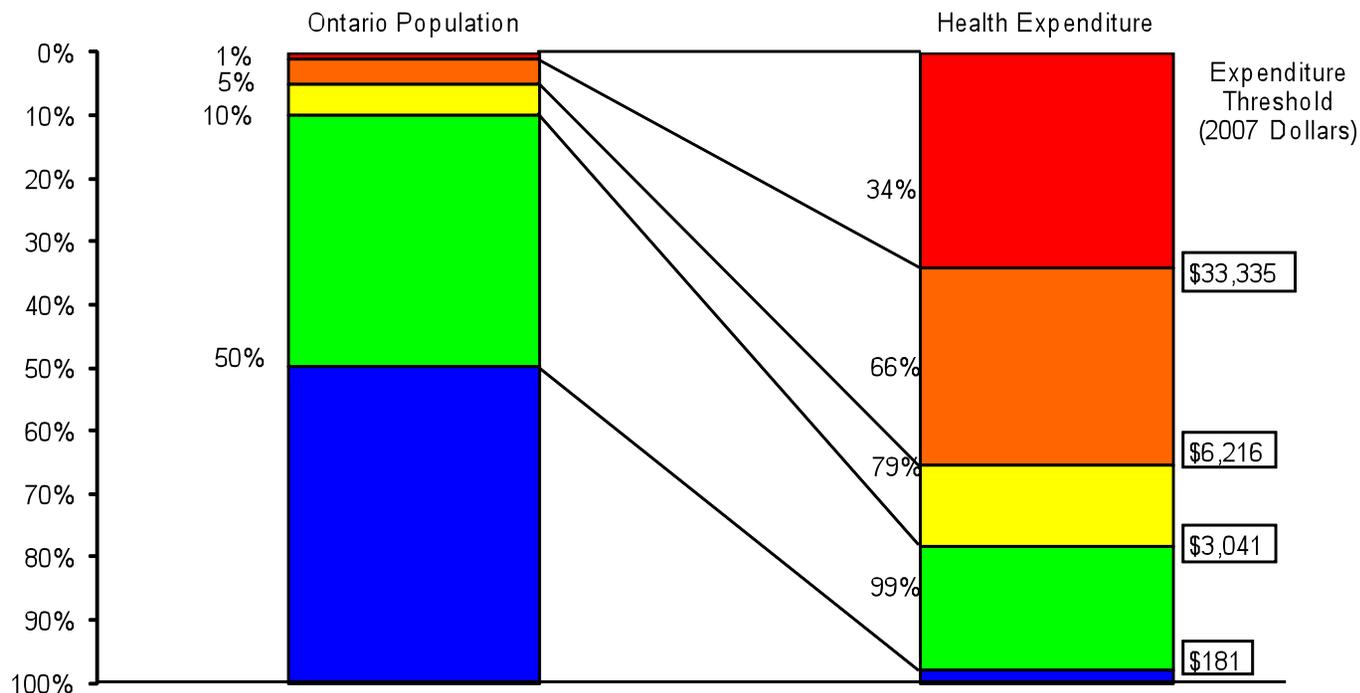
Growth rate from prior year: 2009 vs. 2014 (forecast)



Source: National Health Expenditure Database, 1975-2014, CIHI

# ***Social Determinants thinking went back to Lalonde ('74); Wodchis showed the relevance for health system spending (and access and quality?)***

**Figure 1. Health Care Cost Concentration:**  
Distribution of health expenditure for the Ontario population, by magnitude of expenditure, 2007



Source: ICES

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## ***Health Links Supporter Quotes – December 6, 2012***

*"Health Links will mirror what we in the long-term care and community care sectors strive to do every day: ensure that seniors and those with complex needs are receiving compassionate, appropriate and comprehensive care each and every day. We look forward to working with our partners in front-line care through these new Health Links to make a real difference in the lives of Ontario seniors - at home, in long-term care, and in the community."*

-Debbie Humphreys, Acting Chief Executive Officer, Ontario Association of non-Profit Homes and Services for Senior

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## ***Health Links Supporter Quotes – December 6, 2012***

*"Ontario's nurses do not want to see any patient lost in the system and support initiatives designed to more closely link care providers so that each and every one of our patients receive the quality care they deserve and count on in their transition between providers."*

*-Linda Haslam-Stroud, RN, President, Ontario Nurses' Association*

*"Health Links brings to Ontario communities essential new elements - an emphasis on primary care within broad coalitions of health providers and on better coordination across healthcare transitions for seniors with chronic conditions. Since 2007, The Change Foundation has devoted itself exclusively to helping Ontario create an integrated patient-centred healthcare system driven by the needs of the people who use it, and using their experience to design and improve it. We see Health Links as an excellent step in the right direction, and we look forward to seeing where it takes Ontario."*

*-Cathy Fooks, President and CEO, The Change Foundation*

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## ***Health Links Supporter Quotes – December 6, 2012***

"Family Health Teams are excited by the potential for Health Links to give patients with complex needs a comprehensive care team. Family Health Teams bring together family doctors, nurse practitioners, pharmacists, dietitians, nurses, social workers and others to strengthen primary care - the first level of care over a person's lifetime. Health Links promise to extend the care team - they will strengthen links between primary care providers and specialists, hospitals, and other community support agencies, to give high needs patients the wrap-around care they need."

-Dr. Val Rachlis, President, Association of Family Health Teams of Ontario

"Family physicians in Ontario are always looking for ways to improve care for complex needs patients. Health Links is an opportunity to foster better working relationships with other local health care providers which will result in better outcomes for patients."

-Jan Kasperski, Ontario College of Family Physicians

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## ***Health Links Supporter Quotes – December 6, 2012***

*"Health Links is a considerable opportunity for the health system to bring real-time, positive improvements, such as reducing ER wait times, to Ontario. Supporting community-specific needs and bottom-up integration offer significant potential for better integrating local health services. The Ontario Hospital Association is encouraged by the introduction of Health Links to the province."*

**-Pat Campbell, President and CEO, Ontario Hospital Association**

*"Health Links offers an opportunity for the providers in the system to work together to improve the care delivered to clients. This approach will not only result in better outcomes and an improved health care experience for clients, but also will improve access to primary health care and mental health services for people with the highest needs."*

**-Camille Orridge, CEO, Toronto Central LHIN**

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## ***Health Links Supporter Quotes – December 6, 2012***

*"The Health Links project will be an important step in assigning resources to primary care, in helping us manage our most vulnerable patients. We applaud this initiative and will continue to collaborate with the Ministry of Health and Long-Term Care to advance strategies that will further the quality of health care our patients receive."*

-Frank Martino, Chief of Family Medicine, William Osler Health System Primary Care Lead; Primary Care Lead, Central West LHIN; President, Ontario College of Family Physicians

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## ***Health Links Supporter Quotes – December 6, 2012***

*"Patients need the health care system to respond quickly and seamlessly to their health care needs, especially those with complex conditions. Health Links is a major step towards a much needed comprehensive approach to care. CARP has called for a One Patient model - a comprehensive, well-coordinated, and integrated health care system that is easy to navigate and considers the full spectrum of health care needs as people age."*

**-Susan Eng, CARP**

*"Integrating and improving health care for those who need it most is one of the ways we'll improve our ability to provide the best care possible to patients and help to identify efficiencies in our health care system. We look forward to working with the ministry on this initiative to support doctors and the patients they see. "*

**-Dr. Doug Weir, President, Ontario Medical Association**

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## ***Health Links Supporter Quotes – December 6, 2012***

*"We are committed, with our partners, to this transformation of patient-centred care. People need and deserve comprehensive, coordinated care at all points on their journey. Through Health Links, we will build on our strong partnerships with primary care, hospital and community providers to better integrate the health care system. By leveraging our strong partnerships and sharing one care plan, we will truly wrap support around our most vulnerable residents to ensure they get the right care, at the right time, in the right place. Together, we will make our health care system even stronger."*

**-Cathy Hecimovich, Chief Executive Officer, Central West Community Care Access Centre**

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## ***Health Links Supporter Quotes – December 6, 2012***

*"I believe that the Health Links approach is the right one because it is focused on coordination of all elements of care around the needs of the individual patient. When fully implemented it will allow patients to be supported in the community with access to specialists and hospital care when needed."*

-Robert Bell, Chief Executive Officer, University Health Network

*"Health Links - a new way of caring for people - are a tremendous opportunity for Ontario's health care system. By working in teams, physicians, nurse practitioners, nurses, care coordinators and other care providers will bring the benefit of comprehensive care coordination to supporting the patients who need care the most, whether they are in the hospital or at home or in the community. By encouraging a diversity of local approaches, Health Links also open new doors for innovation in health care delivery."*

-Sue VanderBent, Executive Director, Ontario Home Care Association.

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## ***Health Links 1.0: Short on process detail, long on desired outcomes (as at Dec 6, 2012)***

“Health Links will help to ensure that patients with complex conditions:

- No longer need to answer the same question from different providers.
- Have support to ensure they are taking the right medications appropriately.
- Have a care provider they can call, eliminating unnecessary provider visits.
- Have an individualized comprehensive plan, developed with the patient and his/her care providers who will ensure the plan is being followed.”

*As at: <http://news.ontario.ca/mohltc/en/2012/12/about-health-links.html>*

# The Health Links Maturity Journey: Five Levels

**Health Links Maturity Journey:** a 5-level process maturity continuum based on leading practice review. *Population Impact at Scale* is demonstrated by processes that are clearly defined, implemented across the Health Link at scale, and systematically managed through continuous process improvement.

*As Health Links evolve, they will pass through different stages of maturity for each domain.*

Level 1  
Start-up

Level 2  
Evolving

Level 3  
Functional  
Excellence

Level 4  
Integrated  
Excellence

Level 5  
Population Impact  
at Scale

## **Maturity Journey Evolution**

- Level 1 : planning level only
- Level 2: experimenting and testing
- Level 3: implemented, piloted, proven
- Level 4: integrated across all partners
- Level 5: used at scale, across all settings

# Links Maturity was evaluated across four domains

## Domains (and early outcomes)\*

### 1. Identification of Complex Patients:

Majority of Links are still in the start-up phase, however some are using retrospective and prospective patient ID methods.

**2. Coordination of Care:** Some Health Links are maturing quickly for coordination of care by leveraging existing processes and resources.

**3. Patient Care:** Virtual case conferences may enhance Links progress along the maturity journey by scaling integrated care planning activity across sectors

**4. Patient Experience:** Early progress may be due to intensive focus on individual patients rather than continuous proactive engagement over time.

## Common Barriers

Difficulty defining the target population

Privacy and consent for data sharing

Lack of role clarification

Difficulty finding appropriate billing codes

Care plan development across care settings /sectors

Awareness, adoption and use of care plans

Lack of knowledge of actual patient experience

Lack of patient adoption

\*PwC RCE Report – March 2014

# Health Links are facing common barriers with diverse solutions (aka “Low/No Rules”)

## 1. Identification of Complex Patients



## 2. Coordination of Care



## 3. Patient Care



## 4. Patient Experience



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## ***There are some clear challenges moving forward with Health Links***

- How do we increase controls and scalability while supporting the entrepreneurial and experimental spirit?
- What is the Failure Regime for Links that don't work?
- How do we align regulation and legislation with the Health Links model? For physicians? For pharmacists?
- How do we enable Health Links to not just be “Health” Links?
  - Mental health services
  - Social services, housing, justice, education, children and youth services and more

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***Thank You***

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