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BACKGROUNDER

Ministry of Health and Long-Term Care

Improving Care Through Health Links in Chatham-Kent

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Health Links are providing better, more patient-centred care for seniors and those managing multiple complex conditions. Health Links are part of Ontario's strategy to put the patient at the centre of the health system so that they receive the right care, at the right time and in the right place.

Health Links are teams of local health care and social service providers who coordinate treatment and wrap care around patients, ensuring care is consistent, effective and based on the individual needs of the patient.

In Chatham-Kent, high needs patients will soon benefit from better care coordination through the creation of the Chatham-Kent Health Link which is currently made up of the following providers:

- Alzheimer Society of Chatham-Kent
- Canadian Mental Health Association Lambton Kent
- Chatham-Kent Community Health Centres
- Chatham-Kent Family Health Team
- Chatham-Kent Health Alliance
- Erie St. Clair Community Care Access Centre
- Erie St. Clair Local Health Integration Network
- Family Service Kent
- Medavie EMS Ontario, Chatham-Kent
- St. Andrew's Residence
- Thamesview Family Health Team
- Tilbury District Family Health Team
- VON Canada – Erie St. Clair
- Westover Treatment Centre
- Health Quality Ontario
- TransForm Shared Service Organization
- International Centre for Health Innovation at the Ivey Business School

How do Health Links work?

Each community Health Link is led by a co-ordinating partner such as a Family Health Team, Community Health Centre, Community Care Access Centre or hospital. They include local health care providers like family doctors or nurse practitioners, specialists, hospitals, long-term care homes, home care or other community supports.

Members of the community Health Link collaborate with each other to better and more quickly manage health care services for the patient. This approach ensures patients are supported at all levels of the health care system.

By bringing local health care providers together as a team, Health Links help family doctors to connect patients more quickly with specialists, home care services and other community supports, including mental health services. For patients being discharged from hospital, the community Health Link enables faster follow-up and referral to services like home care, helping reduce the likelihood of re-admission to hospital.

In order to establish a community Health Link, strong representation from local primary care providers and the Community Care Access Centre is required. Joining or establishing a Health Link is voluntary.

How are Health Links benefiting patients?

Health Links ensure patients with complex conditions have:

- A care provider they can call directly for all their needs, eliminating unnecessary appointments.
- Support to ensure they are taking the right medications appropriately.
- An individualized, comprehensive plan, developed with the patient and his/her care providers who will ensure the plan is being followed.
- A strong voice at the table when deciding what their health goals are and how to achieve them.

Over time, Health Links are expected to result in improvements such as:

- Reduced unnecessary hospital admissions and re-admissions within 30 days of discharge.
- Reduced avoidable emergency department visits for patients with conditions best managed elsewhere.
- Same day/next day access to primary care.
- Reduced time from a primary care referral to specialist consultation for complex patients.
- Reduced time from referral to first home care visit.
- Reduced alternate level of care days in hospital.
- A better health care experience for patients with the greatest health care needs.

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