

# HealthLinks

For most of us it would be hard to imagine that rating your pain at a six out of ten could be a good thing. For Terry, however, who was previously living at a nine, it's a great thing.

Terry is among one of close to 1,200 patients in the South East Local Health Integration Network (LHIN) who now, thanks to Health Links, is living more independently and managing her chronic conditions better.

Established by the Province in 2013, Health Links have proven to be an innovative approach to coordinating local health care resources while providing timely care to high-needs patients.

Across the province 82 Health Links have been established since their launch, seven of which are located in the South East LHIN.

Health Links use a tool called a Coordinated Care Plan or CCP that define how providers, patients and their families will work together to coordinate and deliver care for Health Link patients. Each CCP is developed with direct input from the patient. CCPs reflect patients' stated goals, needs and preferences and are written in clear, accessible language, using patients' own words where possible.

To date more than 7,000 CCPs have been completed province-wide. Health Links in the South East LHIN have helped to lead that charge with close to 1,200.

Through the assistance of her Care Coordinator, which she was referred to by her physician, and the Salmon River Health Link, Terry's daily pain has not only been reduced but has also allowed her to feel less anxious about her physical health issues. This anxiety previously resulted in frequent trips to the Emergency Room (ER). It has now been four and a half months since her last ER visit.

Terry currently lives with scleroderma, Chronic Obstructive Pulmonary Disease (COPD), asthma and osteoarthritis, stomach ulcers and incontinence, plus has cognitive delay. In recent months Terry had lost a significant amount of weight as many of the foods she consumes upset her stomach; however she is unable to afford the more specialize options that would alleviate some of these issues. Her Care Coordinator has since advocated on Terry's behalf for a physician to complete a Special Diet Allowance application so that Terry can receive extra funding for her special dietary needs. A major milestone in working with Terry was also connecting her with a psychologist who could assess her developmental delay which allowed her to access developmental services – a first time opportunity for Terry which will benefit her and improve her quality of life.

Other changes for Terry included, connecting her with mental health services, getting her a walker which allowed her to be more mobile, and connecting her with physiotherapy in the home. Her care coordinator also organized a case conference with housing to develop a plan to prevent a possible eviction.

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“I saw Terry today and wanted to send total kudos to you and the Health Link team. She is truly a new woman – she is positive, optimistic and really engaged in making her life better,” said Dr. Kim Morrison, Chief of Staff, Lennox & Addington County General Hospital. “She credits the walker and bath supports now in place to enjoying bathing and is really liking getting outside to walk. She reports her mood is better and is looking forward to meeting the social worker, she is happy to be off meds. Many thanks for all your assistance & excellent results in making a real difference for this woman and her family.”

Scott has also experienced firsthand how Health Links is changing the patient experience. Diagnosed with congestive heart failure, and several other chronic co-morbidities, including below knee amputation, insulin dependent diabetes and chronic kidney failure, Scott has spent over 120 days in hospital within the last year.

During his most recent admission, Scott, who was living independently at home, expressed fears around his health and the desire to make the move to long-term care. He was referred to his care coordinator from a social worker at the hospital.

Since being connected to his care coordinator though, he is slowly transforming his perspective and recently returned home after being comforted by the support outlined in his CCP.

Now he sees a mental health case manager regularly, goes to the gym, and sees physiotherapy in the home. Scott also no longer felt the need to apply for Long-Term Care, feeling well and strong enough to manage independently.

“The primary care physician is on board with a quick rounds (regular) monthly to discuss patients,” said the Salmon River Care Coordinator, “We did rounds this morning and both found it to be very helpful! He thinks the program has been incredibly supportive for patients.”

Being supported and connected to services in the community is one of the most important changes that Health Links patients are noticing and is also one of the keys to their success.

In 2015, the province invested just over \$561,000 into the South East LHIN Health Links. The South East LHIN added to that investment with an additional \$915,000.

“We believe strongly in this model of care and it is one of the reasons the South East LHIN continues to support Health Links across the region,” said Paul Huras, CEO of the South East LHIN. “We are hearing incredible stories of real patient outcomes.”