New Kingston Health Link to Improve Care for High-Needs Patients

Government Linking Health Providers, Co-ordinating Patient Care

NEWS June 10, 2013

Ontario is improving the co-ordination of care for high-needs patients such as seniors and people with complex conditions through the creation of a new community Health Link in Kingston.

Community Health Links improve care for high-needs patients by strengthening collaboration between health care providers. With a personalized care plan for each high-needs patient, the Kingston Health Link will improve patient transitions between providers, including family doctors, specialists, hospitals, home care, long-term care and community support agencies.

The Kingston Health Link, led by the Maple Family Health Team, will develop a plan and measure results to:

- Improve access to care for patients with multiple, complex conditions.
- Reduce avoidable emergency room visits.
- Reduce unnecessary re-admission to hospitals shortly after discharge.
- Reduce wait time for referral from the primary care doctor to a specialist.

Ensuring patients receive more responsive care from a tightly-knit team working to address their specific needs is part of Ontario's Action Plan for Health Care and its commitment to provide the right care, at the right time, in the right place.

QUOTES

"The Kingston Health Link will make it easier for high-needs patients to navigate the health care system and get the care they need. More personalized care will mean quicker access to the right treatment the first time."
— John Gerretsen, MPP, Kingston and The Islands

"Community Health Links are about breaking down health care barriers for high-needs patients. By encouraging local health providers to work together to co-ordinate care, we're ensuring some of our most vulnerable patients — seniors and those with complex conditions — don't fall between the cracks."
— Deb Matthews, Minister of Health and Long-Term Care

"We know how important it is for patients with multiple complex conditions in the South East Local Health Integration Network to have the smoothest possible experience in the health care system. Through the new Kingston Health Link, we can better care for these patients with complex conditions — particularly seniors — and provide the type of care they want and need."
— Paul Huras, CEO, South East LHIN

QUICK FACTS

- Complex patients represent five per cent of Ontario's population, but use two-thirds of the health care funding.
- Patients with complex conditions are often seniors with multiple chronic diseases and those with mental illness and addictions.
- Each community Health Link will have one of its providers play a co-ordinating role and work closely with its Local Health Integration Network.

- Community Health Links will work with patients and caregivers to develop personalized care plans that include assigning a primary care provider to help each patient navigate the health care system.
- There are 25 existing community Health Links already developing innovative care coordination strategies for their patients. Over time, Health Links will continue to expand into communities across the province.
- A recent study found that 75 per cent of seniors with complex conditions who are discharged from the hospital receive care from six or more physicians; 30 per cent get their drugs from three or more pharmacies.

LEARN MORE

Read more about Health Links.
Check out an example of how a Health Link can provide better care for a patient with complex conditions.
See what health care providers are saying about Health Links.
Find out more about Healthy Change in Ontario and how you can play a part.