

CENTRAL LHIN HEALTH LINKS CASE STUDY REPORT (AHRQ SERIES)

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CONTEXT

In 2012, Ontario announced the creation of Health Links – an initiative to provide coordinated, efficient, and effective care to patients with complex health needs. This report is one of two companion reports that respond to an Applied Health Research Question (AHRQ) requested by the Central Local Health Integration Network (LHIN). This report seeks to assess the development and implementation of the Health Links in the Central LHIN.

OBJECTIVE

The objective of this component of the evaluation was to examine provider and organizational leader experience with the implementation of Health Links and to assess the impact of organizational (i.e. partnering organizations) and inter-organizational (i.e. Health Link network) context and capabilities on the implementation of the Health Links (HLs). The authors addressed this objective by identifying key organizational characteristics or factors that affected implementation and success within each HL and across HLs within the Central LHIN.

METHODS

HSPRN conducted a multi-method case study evaluation of three HLs in the Central LHIN: South Simcoe and Northern York Region, South West York Region, and North York Central Region. The study approach involved: semi-structured interviews with organizational leaders/managers and clinicians; long- and short-form surveys administered to interview participants and clinicians with at least one HL patient; and a review of key HLs process documents (e.g., business plans, HL websites). Data were collected between February 2016 and March 2017. Qualitative data collection and analysis were guided by the “Context and Capabilities of Integrated Care” framework.¹

FINDINGS

Thirty leaders/managers and clinicians participated in the semi-structured interviews, 24 interview participants completed the long-form survey, and 71 additional clinicians completed the short-form survey. Interview findings suggest that **delivery of care, information technology, partnering & organizational/network design, and clinician engagement & stakeholder retention** are important considerations for integrated care across all three HLs.

A number of key activities undertaken by HLs partners in the implementation of HLs impacted cooperation and collaboration. **Patient Identification** was hindered by the changing criteria used to identify HLs patients; **Case Conferences** were considered valuable activities by physicians and other care providers but too resource-intensive; **Coordinated Care Plans** were frequently used as “static” documents rather than frequently updated tools due to their length and accessibility issues; **Information Sharing** was stymied by a lack of shared IT infrastructure and privacy concerns and resulted in poor follow-up with patients, however, where shared IT infrastructure was available it was considered a strong success factor; and leaders and providers highlighted the importance of finding quality indicators for **Performance Measurement** that more accurately reflect the quality of care provided by HLs.

CONCLUSIONS

The Health Links that participated in this study had strong relationships among core partners and expressed a strong desire to collaborate with other providers to improve care for patients through Health Links. However, implementation barriers negatively affected provider buy-in and engagement and resulted in perceived lack of value of the HLs approach. Health Links is an important initiative to improve care for people with complex health needs. Enabling providers to deliver on this promise requires provincial and local support. The authors offer recommendations for improvement of HLs stemming from their findings. It is hoped that the findings of this report can enable improvements in Central LHIN and across Ontario Health Links.

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