

### Dispersed Health Link Care Coordination Model

The Champlain LHIN has formally adopted the dispersed model of Health Link care coordination. In this model, local Health Links develop and support networks of front line service providers from a variety of health and social service organizations who provide work with people with complex needs. These providers learn to identify patients who fit the Health Link profile as part of their regular workload. Then, with permission from the patient and support from their organization, they take on the role of coordinating care across sectors by bringing together the patient's care team dedicated to helping the patient reach their stated goals. The focus of the dispersed model is to train many service providers to recognize and act when the traditional model of care is not working for the most vulnerable of our population.

On June 28<sup>th</sup>, North Renfrew County Health Link (NRCHL) hosted a Care Coordinator "get together". The purpose of the afternoon was to bring the various people working directly with the Health Link population together to build relationships and share knowledge. Eighteen people attended, including eleven active Health Link care coordinators working in nine organizations or programs.

During the afternoon, Dr. Declan Rowan gave a talk about Health Links as a driver of change in the healthcare system. He reviewed the challenges of the complexity of the issues patients face, whether it is the complexity of their disease, the funding silos that prevent programs from best serving patients, or the bureaucracy of the system. He described the answers to such complexity as being "simple, but wrong" or "complex, but right". He described the success of the Health Link approach in helping some of his patients reach goals that would not normally be addressed in an acute care appointment. He encouraged all the people in the room to recognize that they are leading change.

In order to make large scale change, leaders need to be given permission to be innovative. The permission must be external, through provincial initiatives like Health Links and through an organization's management, but also internal. Individuals must feel comfortable suggesting and testing change ideas.

At the regional Health Link Coordinating Council meeting on May 18, 2017, a Health Links mission statement was drafted. It reads as follows: "Health Links is an approach to care coordination for people requiring support from multiple health and social service providers. The Health Links approach is not for everybody. At present, the target population focuses on people living with 4 or more complex or chronic conditions.

Identified sub-groups include:

- Those with Mental Health and Addictions challenges, Palliative Population, and People who are frail.

Other considerations include:

- Economic characteristics (e.g. low income, unemployment); Social determinants (e.g. challenges with housing, social isolation, language); High users of hospital based services (i.e. Emergency Departments or primary care visits); Clinical judgment"

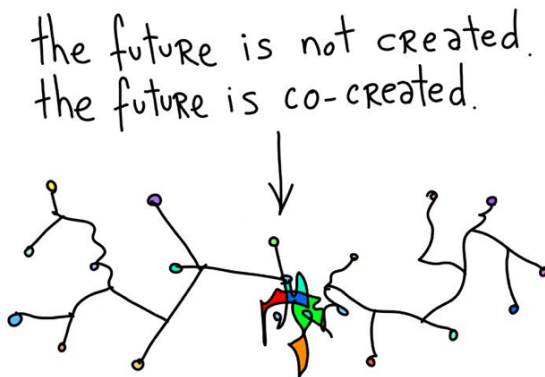
This patient-centred approach ensures that a person has a coordinated care plan that focuses on their goals, and a designated care coordinator within their care team. In time the approach will benefit many more patients, caregivers and providers.

Dr. Rowan quoted the maxim “change is not a thing; change is many things” and had the group think about the small changes that have been successful with their own work.

We are no longer working in traditional hierarchal systems. Change does not occur “top-down” but rather through a network of people sharing ideas. Hahrie Han, an American academic studying political activism has written “[w]e do not become transformed alone, we become transformed when we’re in relationship with each other”. Building relationships happens best, face to face in a casual manner. Dr. Rowan encouraged the care coordinators to bring a coffee to a family doctor and chat with them about Health Links.

I AM A  
**CHANGE AGENT**

A change platform has been defined as “(a) space (physical or virtual) that is created so people get the choice and opportunity to collaborate without boundaries to achieve a common purpose, tackle a challenge or improve a situation @Helen Bevan 2015”. Change leaders are often a small group of people who have a great deal of informal influence.



Dr. Rowan asked the group to consider how front line staff can be the voice of the Health Link approach. He cited social media as being a powerful way to spread new knowledge, and asked them to think about how social media could be used responsibly.

The group was encouraged to think of themselves as leaders, working in partnership with the patients and their fellow service providers.

If you are interested in discuss how to make local change within the healthcare system and to hear more about the Health Links approach, please contact:

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