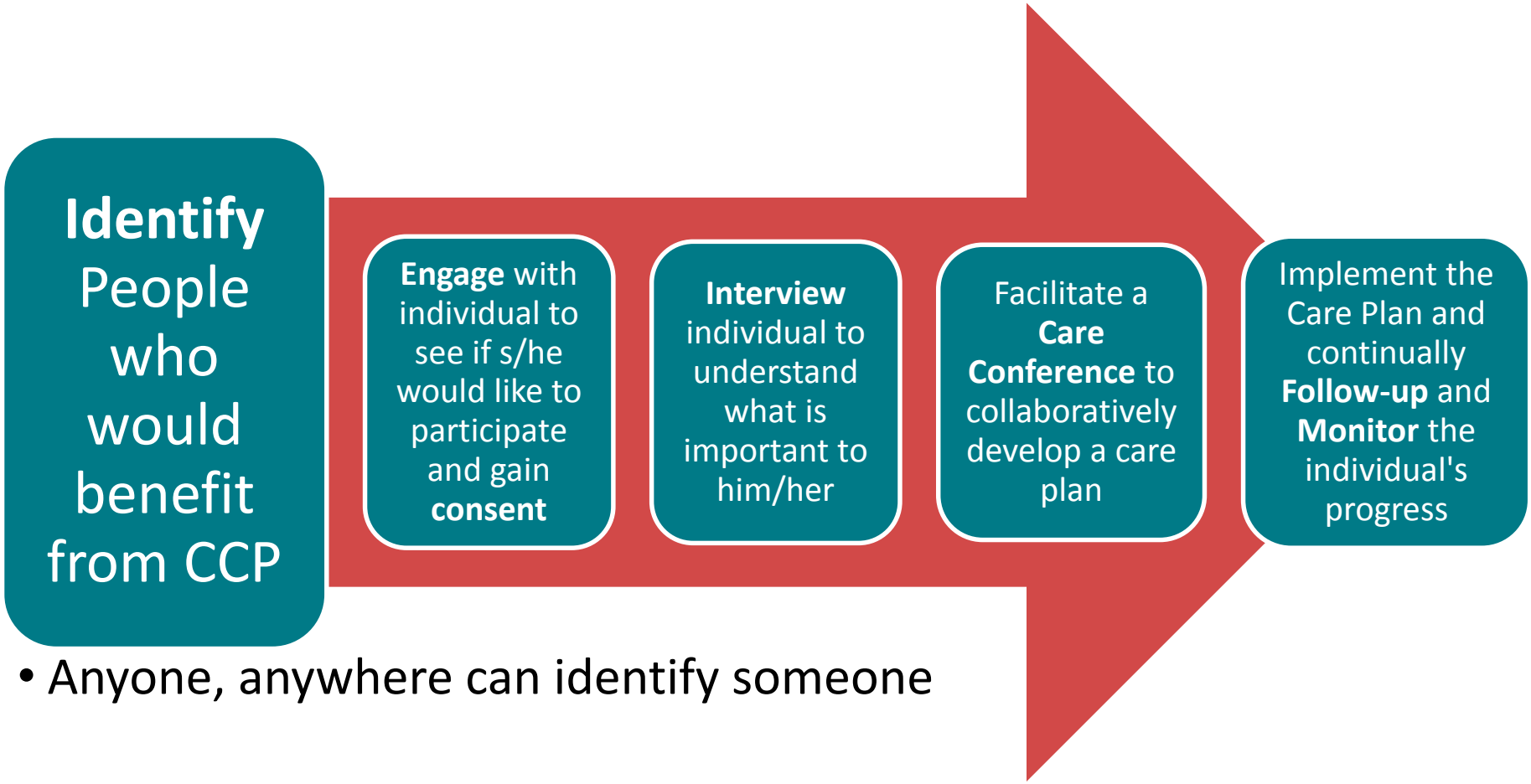
HealthLink
South West Health Links
Let's Make Healthy Change Happen

Identification: Finding people who need Coordinated Care Planning the most

Amber Alpaugh-Bishop, South West LHIN

Ontario

Identify



- Anyone, anywhere can identify someone

Identification/Target Population

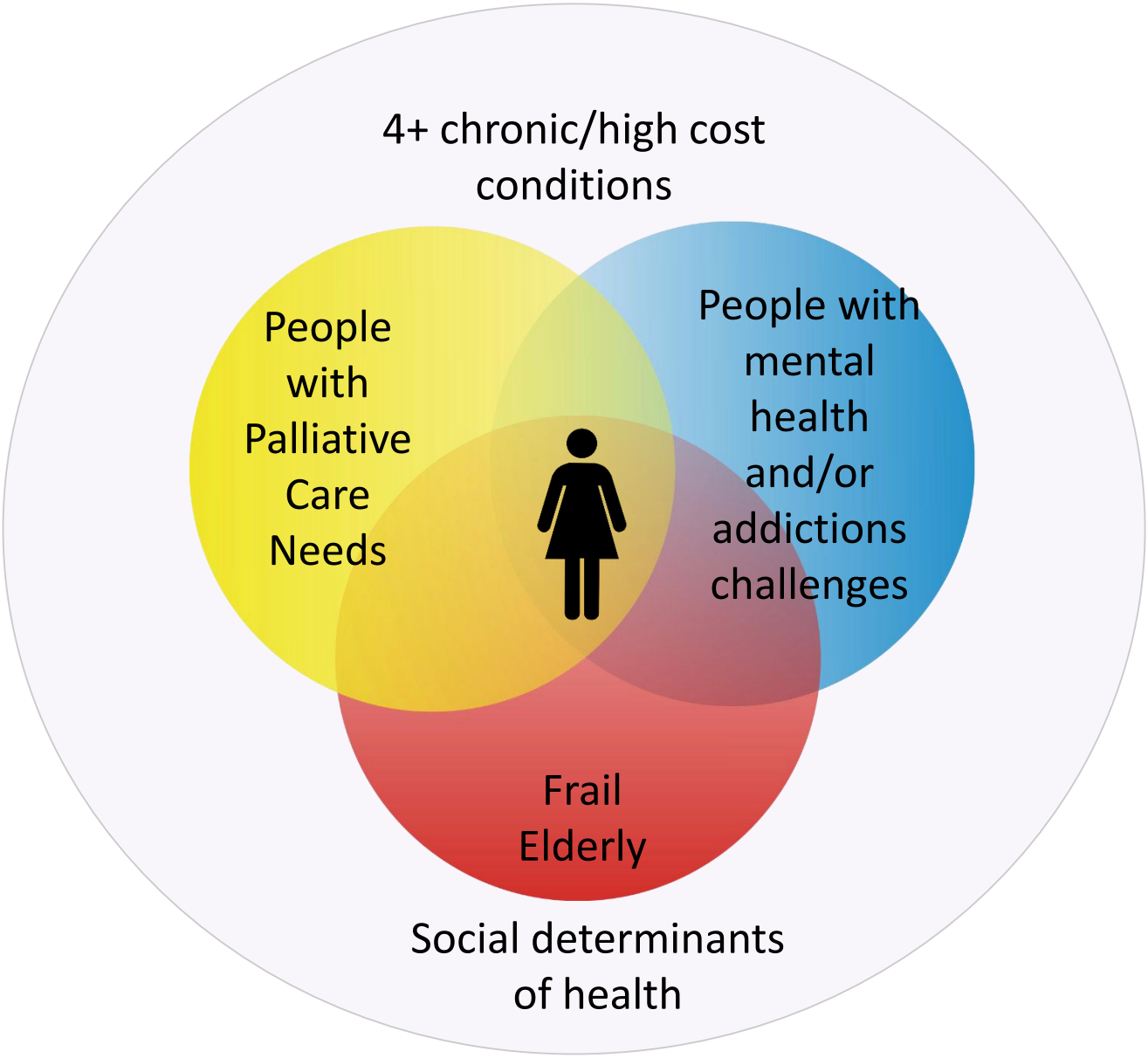
- People who would benefit most from coordinated support from multiple health and social service providers

Target Population	People living with **4 or more chronic and/or high cost conditions**		
Identified Sub-Groups	Those with **Mental Health and Addictions** Challenges	**Palliative Population**	**Frail Elderly Population**
Considerations	Consider the following: • Economic characteristics (e.g. low income, unemployment) • Social determinants (e.g. challenges with housing, social isolation, language) • **4+ Emergency Department** (ED) visits AND **3+ Hospital Admissions** in the past year • **5+ ED Visits** in the past year		

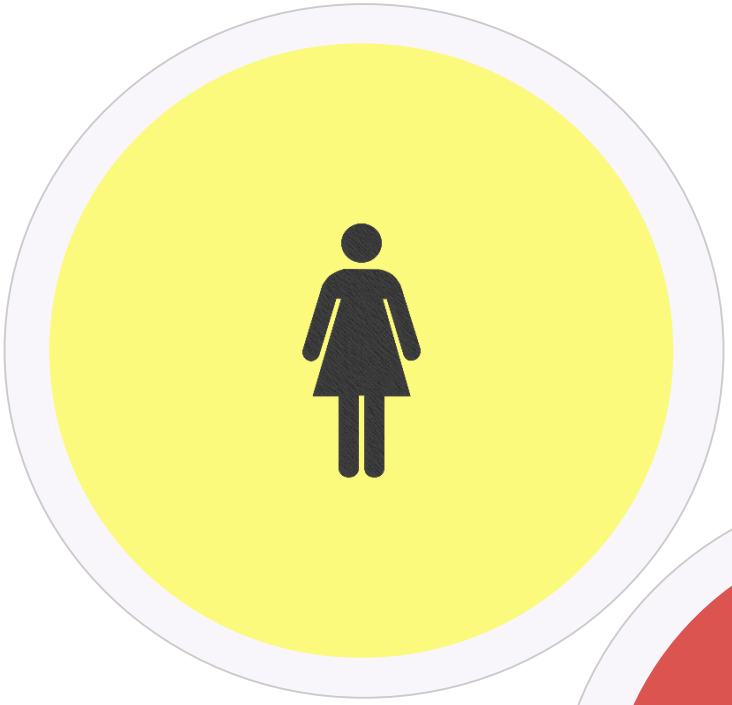
HealthLink
London Middlesex

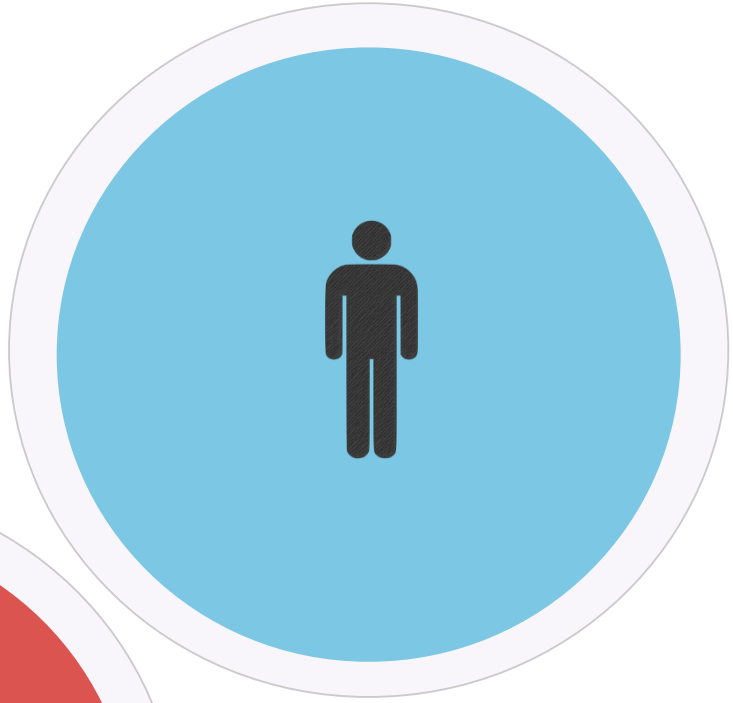
1	Sepsis	28	Ischaemic Heart Disease
2	Brain Injury	29	Cardiac Arrhythmia
3	HIV/AIDS	30	Congestive Heart Failure
4	Malignant Neoplasm (cancer)	31	Stroke
5	Blood disorders (anemia, coagulation)	32	Peripheral Vascular Disease & Atherosclerosis
6	Coma	33	Influenza
7	Diabetes	34	Pneumonia
8	Cystic Fibrosis	35	Chronic Obstructive Pulmonary Disease
9	Mental Health conditions	36	Asthma
10	Dementia	37	Ulcer
11	Substance-related disorders	38	Hernia
12	Schizophrenia & delusional disorders	39	Crohn's disease/
13	Depression	40	Liver disease (cirrhosis, hepatitis)
14	Bipolar	41	Arthritis & related disorders
15	Anxiety disorders	42	Osteoporosis (pathological bone fracture)
16	Eating disorders	43	Renal Failure
17	Personality disorders	44	Low Birth Weight
18	Developmental disorders	45	Other Perinatal Conditions
19	Huntington's disease	46	Congenital Malformations
20	ALS (Lou Gehrig's disease)	47	Fracture
21	Parkinson's disease	48	Amputation
22	Multiple Sclerosis	49	Palliative Care
23	Epilepsy & seizure disorders	50	Pain Management
24	Muscular dystrophy	51	Hip Replacement
25	Cerebral Palsy	52	Knee Replacement
26	Paralysis & spinal cord injury	53	Transplant
27	Hypertension	54	Hemiplegia

Sometimes all 3 sub-groups intersect…

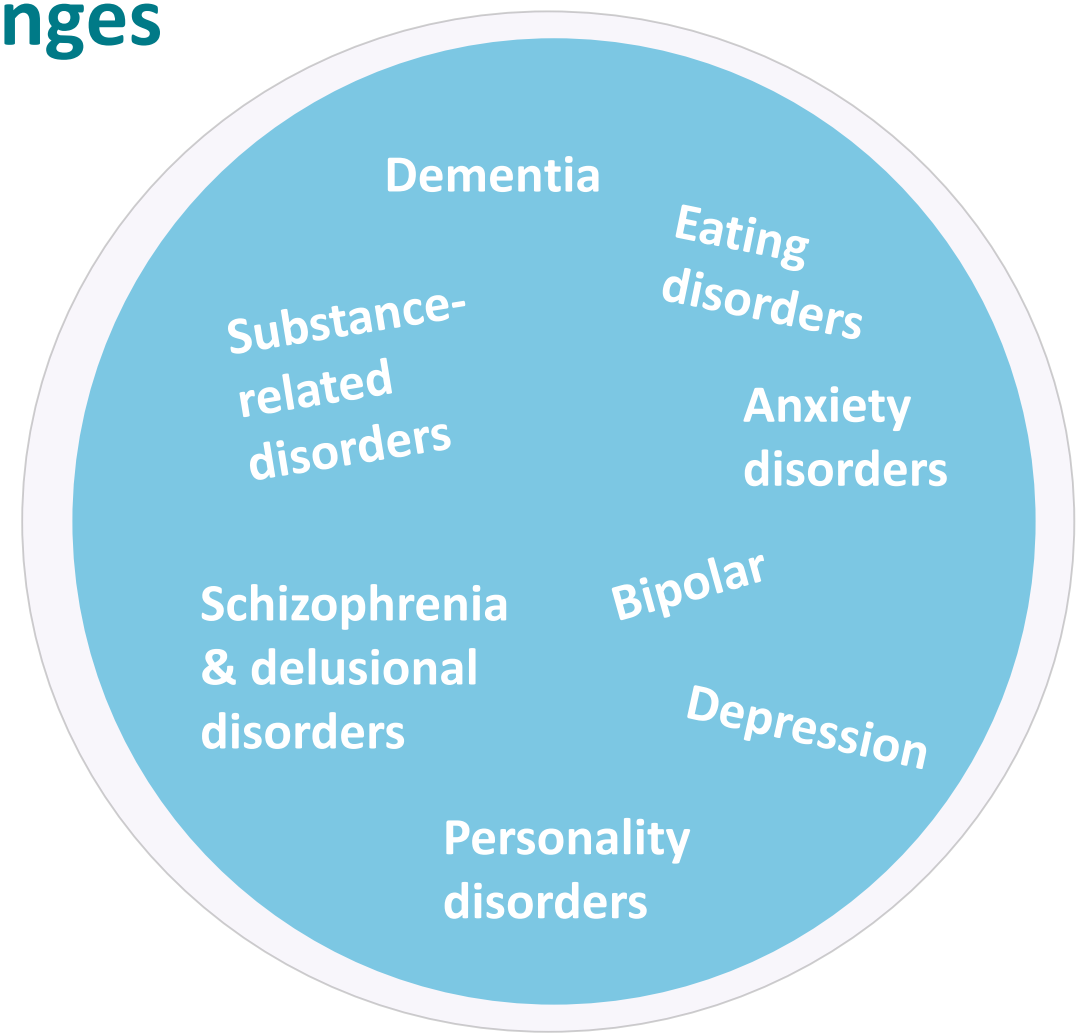


And sometimes they don’t…



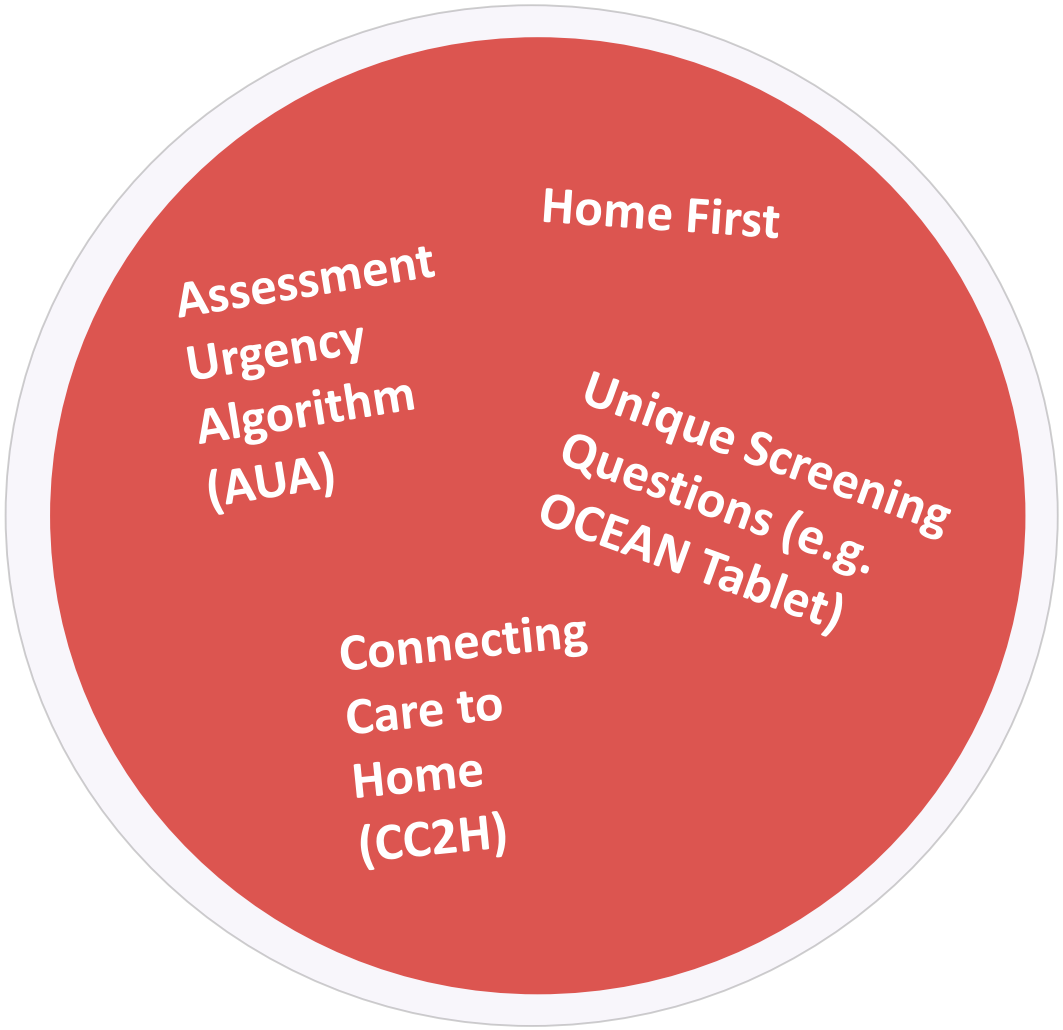


Those with Mental Health and/or Addictions Challenges



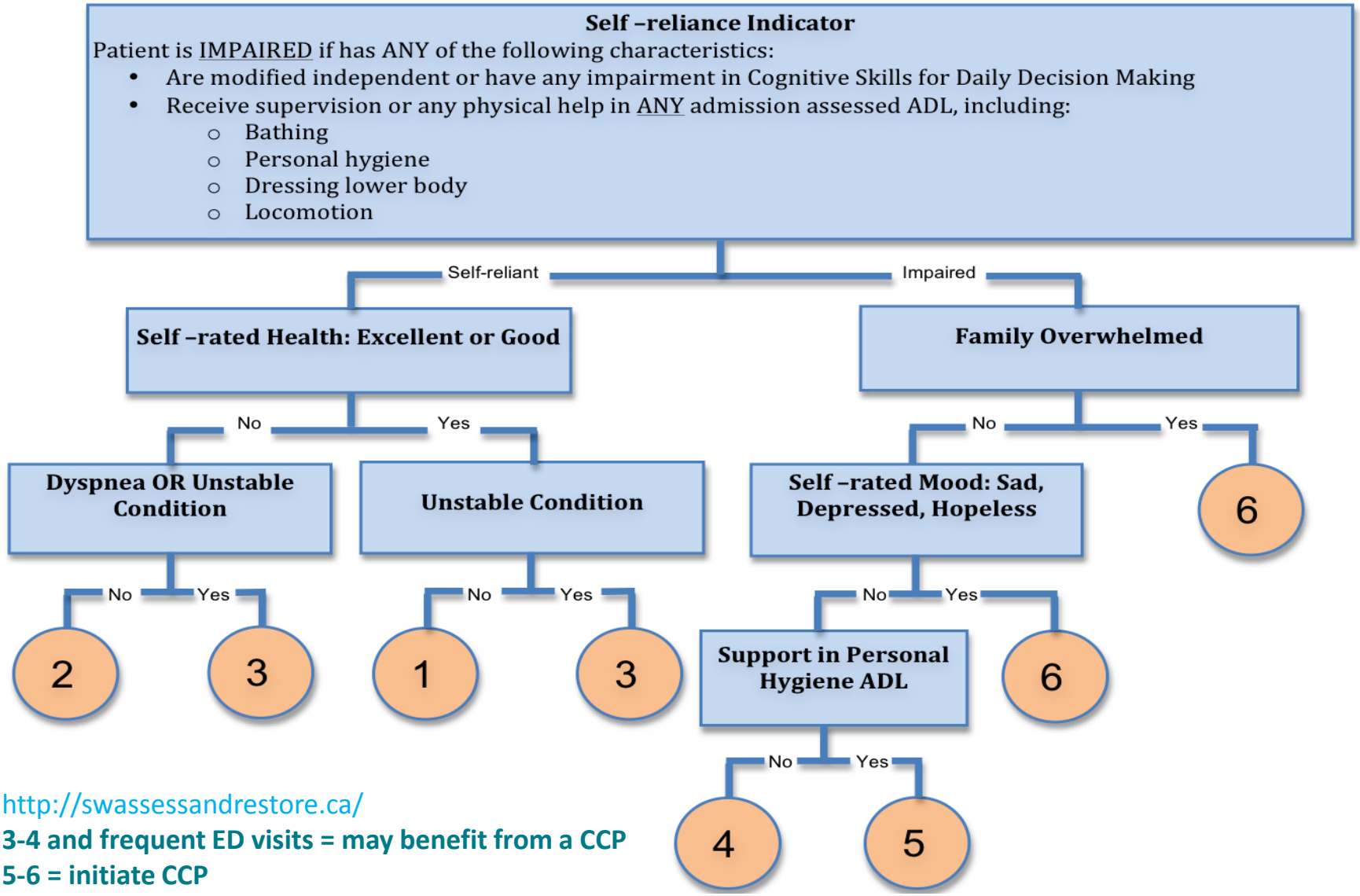
Under “My Health”, “conditions can be related to physical, psychological, social, spiritual health”

Frail Seniors



Assessment Urgency Algorithm (AUA)

http://apple.co/2bgZAFt



http://swassessandrestore.ca/

3-4 and frequent ED visits = may benefit from a CCP

5-6 = initiate CCP

Home First Refresh

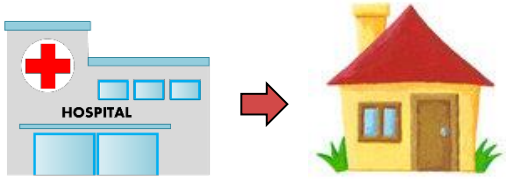
- When a person enters, hospital, a complex discharge is anticipated so that everyone can work together to get him/her home, if at all possible

Complex Discharge Screening Tool:

- Is this client struggling at home and/or in need of Home Care support? If yes, continue…
- Inadequate supports or caregiver burnout/fatigue?
- Difficulty walking/transferring with current supports or has had a fall in the last month?
- Frequent visits to the ED or frequent admissions to hospital?
- Patient is unable to complete basic daily tasks without assistance (ADLs)?
- Other concerns that could delay patient discharge once medically stable (e.g. social, housing, or safety)?

NOTE: Has been implemented in other sectors (e.g. primary care)

Connecting Care to Home (CC2H)



- To create an innovative model of care for a seamless transition for COPD and CHF patients from hospital to home
- Stratify patients for risk of unsuccessful management at home
  - Clinical measures
  - # of admissions to hospital
  - # of co-morbidities
  - Ability to self manage
  - Social determinants of health
  - Anxiety
  - Depression
  - Cognitive defects
  - Smoking

Unique Screening Questions

- Example: Pilot of using OCEAN Tablets to support combination of patient and provider answered questions to identify need for Coordinated Care Planning

Patient Questions:

- Do you feel that your health needs are being met?
- Is it hard to manage your health care needs, for example: appointments, medications, services?
- Is it hard to get to your appointments?
- Have you gone to the Emergency Department more than 5 times in the past year?
- Have you had to stay in the hospital overnight more than 3 times in the past year?
- Do you feel you have the support you need from family and friends?
- Do you ever have difficulty making ends meet at the end of the month?

Provider Questions:

- Does the patient have four or more chronic conditions?
- Would you be surprised if this person died within the next year?

Those with Palliative Care Needs

INTEGRATE

Palliative Care Outreach Teams

The SURPRISE QUESTION:

Would you be surprised if this person died in the next year?

Indigenous-led Palliative Care Team (IN-PaCT)