Health Links

Business Planning Guide

Ontario

Table of Contents

Introduction from Helen Angus, Associate Deputy Minister, Transformation Secretariat

Thank you for coming forward and stepping up to be a community Health Link. The work of the Health Links will result in better patient care and strengthened partnerships in the community. As the co-ordinating partner, your job will be to work with your Health Link partners to improve patient outcomes by ensuring that patients in your region receive better continuity of care. If you're ready to form a Health Link, you've probably already been working on initiatives to ensure that the patient care journey in your community will be smoother.

The Business Plan

The aim of the business plan is for you and your Health Link partners to give the ministry and your LHIN a better sense of how the work you've done, the work you're doing and the work you plan to do will improve the delivery and co-ordination of care for a defined patient population, reduce costs and meet the key commitments laid out in this business plan guide. Developing the plan will help you stay on track and also give us a better sense of the help you may need in executing it.

Don't Delay Your Plans for Co-ordinated Care

While we're looking for a good clear plan of your intended actions to establish your Health Link, we don't want the writing of a plan to get in the way of actually delivering better care.

So, our message to you is simple: If you're already implementing something in your region that supports better co-ordinated care, tell us about it in your plan. If you're just starting that work, then tell us what you plan on doing.

If you have any questions about filling out the business plan, please contact your LHIN.

Please Note: Your Business Plan should be submitted to the LHIN by 5pm on Monday, February 18, 2012.

Many thanks

Helen Angus,
Associate Deputy Minister, Transformation Secretariat

1.0 Health Link Profile

In this section, identify key contacts associated with your Health Link, list Collaborating Partners and provide a health profile of the population targeted for Health Link activities. This section must be completed in full, with any supporting documentation included as an appendix.

1.1 Key Contacts

LHIN:	
LHIN Health Link Contact:	
Phone:	( ) - ext.
Email:	

Health Link Name:[1]	
Lead Organization:	
Primary Health Link Contact:	
Mailing Address:	
Phone:	( ) - ext.
Email:	

1.2 Collaborating Partners

List the organizations that have agreed to be part of your Health Link and contribute to Health Link activities.

1 NOTE: The term "Health Link" must be included in the selected name (e.g., "Somewhereville Health Link.")

1.3 Health Link Region Population Health Profile

1.3.1 Describe the region or catchment area of your Health Link. Attach any maps or other supporting documentation as an appendix.

1.3.2 Identify how many Ontarians live within your Health Link region. Since the initial focus of Health Link activities will be on the one to five per cent of the population with complex health conditions and therefore extensive health service needs, estimate the number of these individuals in your region.

Also indicate to the extent possible the prevalence of particular conditions causing these health service utilization patterns (e.g., COPD, CHF, mental health & addictions), as well as any other information you have on this population cohort. Estimate the numbers associated with each condition.

2.0 Key Commitments

The primary goal of Health Links is to improve the delivery and co-ordination of care for a defined patient population while reducing costs. In order to achieve this goal, all Health Links will be required to make the key commitments identified on the next page in the indicator flow diagram.

For each of these commitments, describe your planned improvement activities as well as your baseline and intended targets. As you write your plan, please consider the following:

- It's clear that there is a 'knock-on' effect with many of these indicators – a given indicator will show progress as a result of action taken on another related indicator – so they have been grouped as a 'cascade' to reflect that reality. However, be sure to provide information about your intended activities for each indicator.
- While some commitments on the next page specifically mention complex care patients and seniors, the initial focus for **all** Health Links for **all** indicators should be seniors and the complex patient cohort.
- In addition to those indicators from the flow diagram on the next page, Health Links are also encouraged to develop their own commitments and indicators specific to the communities they serve. While this will be dependent on the needs of your region, they should be based on the overall tenets of the program (e.g., enhanced patient experience, more co-ordinated care, better value/lower cost for services, etc.).

Please refer to Appendix A for an indicator and measurement framework aligned with each commitment.

Health Links Indicators

Operational Metrics (Setting the Stage for Co-ordinated Care Straightaway)

1. Ensure the development of co-ordinated care plans for all complex patients
2. Increase the number of complex patients and seniors with regular and timely access to a primary care provider

While Health Links will be responsible for organizing care, the ability to show progress on these Operational Objectives will be central to progress with respect to the other results-based metrics.

Results-Based Metrics (Moving the Needle)

1. Reduce the time from primary care referral to specialist consultation
2. Reduce the number of 30-day re-admissions to hospital
3. Reduce the number of avoidable ED visits for patients with conditions best managed elsewhere
4. Reduce time from referral to home care visit
5. Reduce unnecessary admissions to hospitals
6. Ensure primary care follow-up within seven days of discharge from an acute care setting

Based around improving primary care co-ordination, home care and patient management in hospitals, these objectives are more results based. While the operational metrics above will assist in this area, we want to hear more about what you will do as a group to really move the needle.

Evaluation-Based Metrics (How You'll Know You've Arrived)

1. Enhance the health system experience for patients with the greatest health care needs
2. Achieve an ALC rate of nine per cent or less
3. Reduce the average cost of delivering health services to patients without compromising the quality of care

If you've organized well and shown progress, it's likely that you'll be closer to increasing overall patient satisfaction and finding system-based efficiencies to help lower the cost of service delivery. We know that success here is a result of success in other areas but you'll need to plan for what else you can do to show success in this area.

Please Note: The ministry will work to determine how it and other system partners may assist the Health Links in shaping their data sets for complex patients and determining baselines.

3.0 Patient/Family Engagement

Engagement of patients and families is a key component of the Health Link mandate.

In this section, you are asked to describe how patient and family engagement will be reflected during the design, implementation and evaluation of all Health Link activities. This could take the form of patient/family advisory groups, patient experience surveys, patient/family inclusion in Health Link governance or other activities.

4.0 Resource Plan

In this section, you must identify the activities you plan to undertake in your first full year of operation and identify the direct and in-kind resources required to implement these activities (e.g., IT resources, project management capacity, etc.)

Please develop your resource plan by following steps 1 to 3 below:

Step 1 – Identify how existing resources will support the implementation of your identified activities

Health Links are encouraged to draw from their existing resources for implementation activities where possible. You should include details on how existing resources will be leveraged to support implementation of activities in Year 1.

Step 2 – Identify the direct resources required to support the implementation of activities in Year 1

Part A – Include details of activities that may require funding

Each Health Link will receive funding of up to $1 million to support the objective of improving care at a lower cost for their identified population. The funding will be directed to the co-ordinating partner of the Health Link, but would be used for programs and initiatives for the entire Health Link that support the commitments described in section 2.0, improving patient care and the patient experience while reducing costs.

It is expected that the type of resources required would support the following kinds of activity:

- Strengthening partnerships and data-sharing capacity with your Health Link partners to support co-ordinated care efforts consistent with the Health Link commitments
- Activities directly related to building co-ordinated care plans for your complex patient cohort
- Activities and tools directly related to executing co-ordinated care plans designed by your Health Link

Part B – Please identify the support that the ministry could provide that may be of use to other Health Links in implementing their plans

The ministry is considering what services and advice could be provided by other system partners (e.g., Health Quality Ontario, eHealth Ontario) and by the ministry itself in certain areas on establishing and operating Health Links.

The ministry will communicate with the LHINs and the Health Link partners about this in the near future. Think about those things that may be common to all Health Links for this area (e.g., procurement, branding, shaping of data sets and establishing baselines, etc.)

Step 3 – Initial Sustainability Planning

Once operational, all Health Links will be required to develop full Sustainability Plans which illustrate how their planned initiatives will reduce health service costs for possible reinvestment in other Health Link initiatives.

For the purpose of this Business Plan, please identify the core areas in service delivery where you will expect to see reduced costs based on Year 1 activities.

5.0 Governance, Composition and Administration

5.1 Governance

Describe the planned governance and/or decision-making structure associated with the Health Link.

5.2 Administration

Insert the full name, position and organization of the individual(s) who will be signatory to the Health Links accountability agreement.

First name	Last name
Position	Organization

Provide the mailing address for the Health Link contact for purposes of the accountability agreement, if different from the information contained in Section 1.

Name:	
Organization:	
Mailing Address:	
Phone:	( ) - ext.
Email:	

6.0 Signatories

All Collaborating Partners, by way of signature, are required to approve the Business Plan prior to submission. Please add extra rows as required.

Name	Organization	Date
Name	Organization	Date
Name	Organization	Date
Name	Organization	Date
Name	Organization	Date
Name	Organization	Date

Appendix A: Health Link Indicator Definitions

	Aim	Measure
	Operational Metric	
1	Increase the number of complex and senior patients with regular and timely access to a primary care provider.	
2	Ensure the development of co-ordinated care plans for all complex patients.	
	Results-Based Metric	
1	Reduce the time from primary care referral to specialist consultation for complex patients.	
2	Reduce the number of 30-day re-admissions to hospital.	
3	Reduce the number of avoidable ED visits for patients with conditions best managed elsewhere.	
4	Reduce time from referral to home care visit for patients.	
5	Reduce unnecessary admissions to hospitals.	
6	Ensure primary care follow-up within seven days of discharge from an acute care setting.	
	Evaluation-Based Metrics	
1	Reduce the average cost of delivering health services to patients without compromising the quality of care.	
2	Achieve an ALC rate of nine per cent or less.	
3	Enhance the health system experience for patients with the greatest health care needs.	