SPIN

SOLO PRACTIONERS IN NEED

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HealthLink
Mid West Toronto Health Link
Let's Make Healthy Change Happen

SPiN Solo Practitioners in Need

Access Alliance
Multicultural Health and Community Services

What is a Health Link?

"Patient-focused, provider-enabled, culturally sensitive"

- **Health Links were announced by the Ministry of Health and Long-Term Care in December 2012 across Ontario as a means of enhancing care coordination for complex patients at a local level. There will be approximately 80 Health Links across the province – 9 specifically in the Toronto Central LHIN.**

- **Health Links have been charged with reducing duplication, closing gaps and improving communication and collaboration in order to augment care for the patients most in need.**

- **The Health Links aim to stimulate partnerships across acute care, community care, and the many primary care providers in their respective areas.**

Why Offer SPIN?

Solo PCPs lack resources and access to the most appropriate community based services and resources for their complex patients

CHCs have community based programs & services that can be better utilized and accessed by external providers and clients

Health & Social Service access difficult for patients with complex psycho-social and medical issues

The SPIN Development Process

1→ Identify a test group of solo physicians in the area with complex patients in need of greater support.

2→Define services in need, community based services that can be accessed by external providers and clients, and eligibility criteria.

3→Identify an organization to act as central intake.

4→Design a referral and reporting process.

5→Develop referral forms, tracking mechanisms, and targets.

6→Begin the project.

7→ Meet with a steering committee to inform continuous improvement, address challenges and ensure quality service delivery.

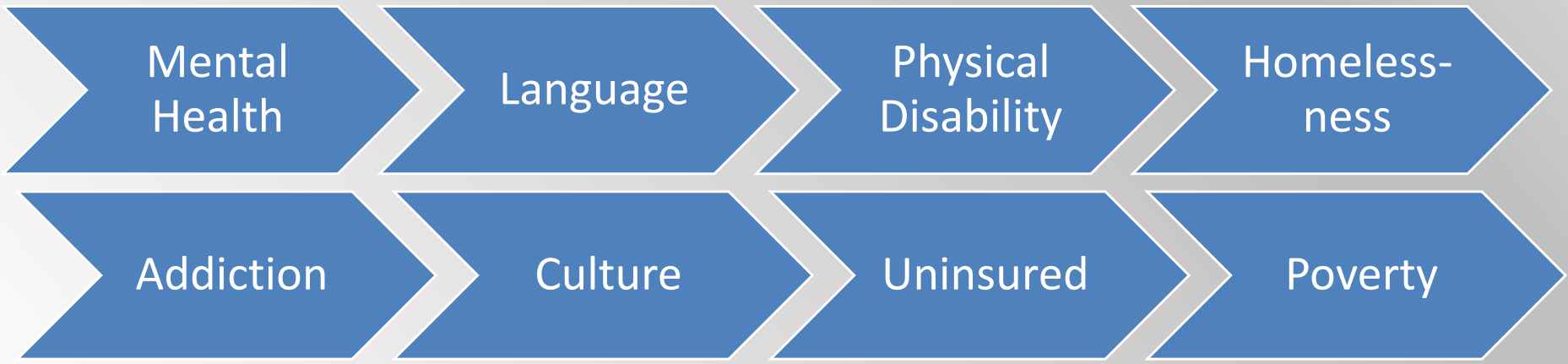
Community Health Centres

What is a Community Health Centre?

- ✓ Non-profit, community-governed organizations using interdisciplinary teams to offer health and social services
- ✓ CHCs offer care to populations that have traditionally faced barriers accessing health care
- ✓ CHCs offer culturally-adapted programs for socioeconomic factors and the needs and preferences of the communities they serve.

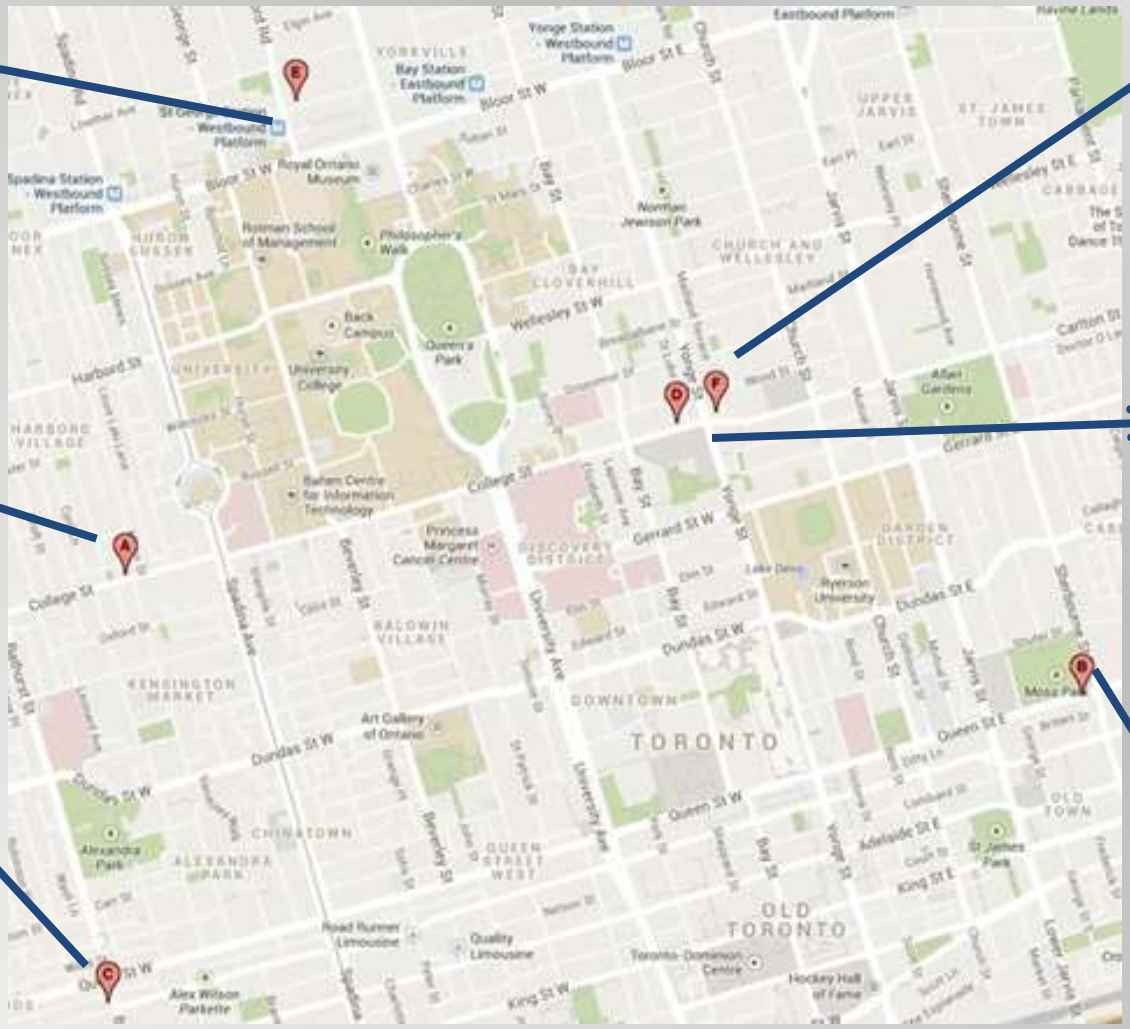
Who Accesses CHC Services?

Those facing access barriers to health care and social services including:



The SPIN Network

- Youth (13-29)
- Pro-choice agency promoting healthy sexuality
- Sexual health services, primary care and counseling.



- Racialized women
- Primary care, health promotion, community outreach, counselling, dietician, chiropody and more.

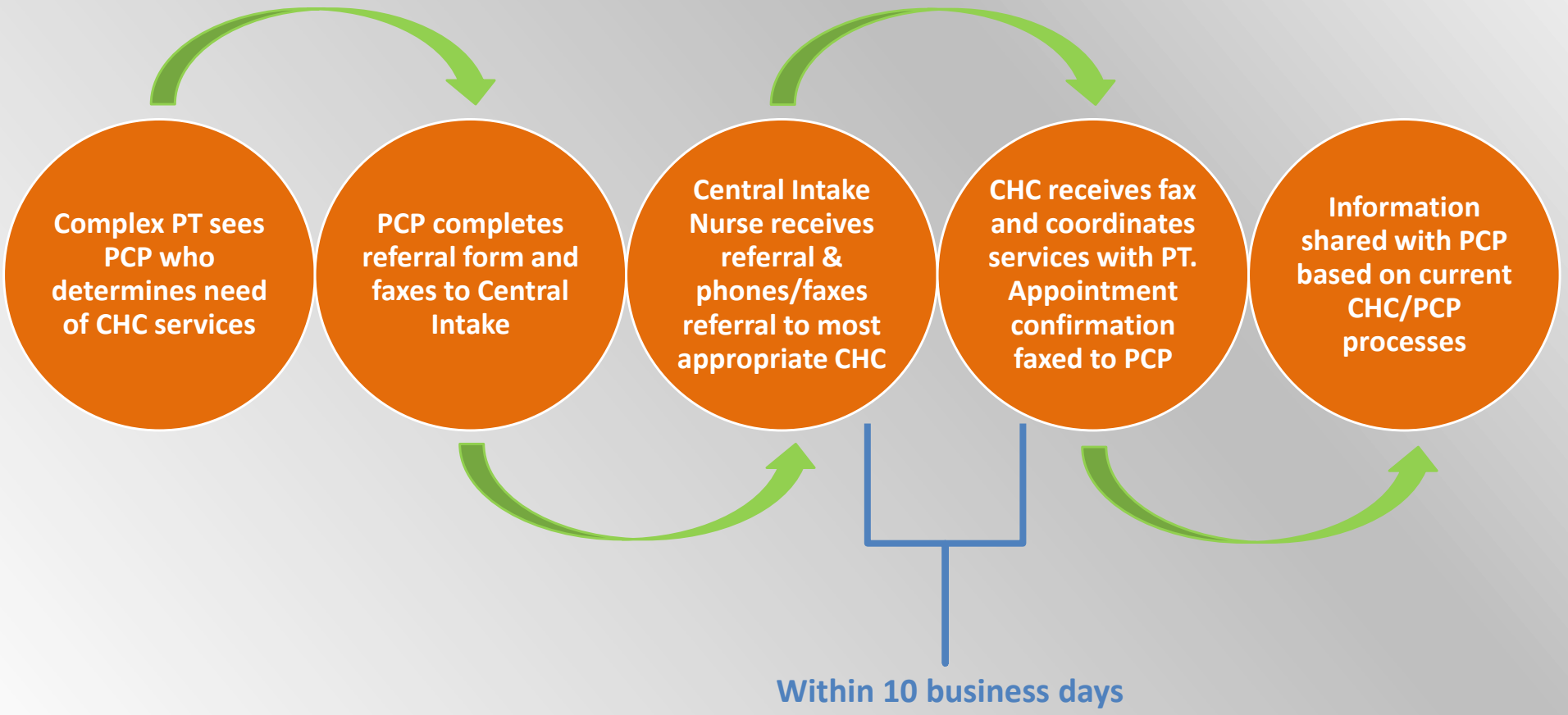
- Immigrants and refugees
- Community health, settlement and integration, advocacy and more

- Francophone community
- primary care, family services, settlement work, legal aid, employment and more

- Marginalized population
- Health promotion, harm reduction, education, community development, advocacy, primary care, dental and counseling services.

- Aboriginal people
- Traditional Healing, Elders, Medicine People, physicians, chiropractors, naturopaths, RMT, psychiatry, chiropody, dental and more.

The SPIN Process



Outcomes: Total Referrals

CHC	Q1 May – Jul	Q2 Aug - Oct	Q3 Nov - Jan	*Q4 Feb - Apr	Total
Access Alliance	19	29	35	31	**114**
Anishnawbe	5	2	3	2	**12**
Central Toronto	65	37	31	15	**148**
Centre Francophone	2	0	1	0	**3**
Planned Parenthood	29	2	0	0	**31**
Women's Health	26	8	15	3	**52**
Total referrals sent by PCPs	**146**	**78**	**85**	**51**	**360**

***Q4 does not yet include April referrals**

Outcomes: Service Referrals

556 SERVICE REFERRALS!!

Service	Q1	Q2	Q3	Q4	Total
Counseling Services	85	48	57	38	133
Dietitian	36	15	19	6	51
Foot Care / Chiropody	21	7	12	3	28
Peer Support Groups	24	2	3	1	26
Dental Care	19	2	8	4	21
Diabetes Services/ Education	15	2	7	2	17
Housing Support/ Homeless Services	13	2	1	1	15
Youth/Adult Social Classes/Programs	13	1	0	3	14
Youth/Adult Employment Services	9	3	2	3	12
Legal & Income Services	11	0	4	4	11
Case Management	8	2	3	2	10
Settlement Services	5	2	3	1	7
LGBTTQI Services	4	1	4	1	5
Early Years/Child/ Youth Services (Centre Francophone)	3	0	0	0	3
Harm Reduction/ Addiction Services/ Needle Exchange	1	1	1	0	2
Chiropractic Services (Anishnawbe)	1	1	0	0	2
Sexual Health	1	0	0		1
Traditional Medicine / Healing (Anishnawbe)	1	0	1	1	1
Child/Youth Education Assessments	1	0	0	0	1
Psychometric Assessments (Anishnawbe)	1	0	0	0	1
Total Service Referrals	**272**	**89**	**125**	**70**	**556**

Enablers

- ✓ Establishing working relationships within Health Links
- ✓ Existing model of primary care integration (i.e. SCOPE)
- ✓ Shared philosophy among CHCs about extending services to those in need
- ✓ Project Management
- ✓ A defined Central Intake resource

Benefits

- ✓ Increased and seamless access for patients with complex medical and psychosocial issues in the community
- ✓ Complex patients receive the most appropriate and supportive community based services and resources
- ✓ Assist physicians to collaboratively manage their complex patients through the services, resources and multi-disciplinary teams based at CHCs
- ✓ Increase access and utilization of CHC services in the MWTHL
- ✓ Help build the CHCs' community profile and new relationships with PCPs





Lessons Learned

1. Bigger is Better but small is good too…
2. Working together Works
3. Practitioner centred in order to be client centred
4. Be prepared to Look at things differently
5. Warm handovers
6. Fill in the gaps
7. Communication is critical
8. Focus on impact and deliverables
9. Be Crystal clear not clear as mud!
10. Its not a SPiN patient its our patient
11. Never say never
12. Make better use of systems

Future Plans

1. Enhanced cloud-based technology to address referral matching, catchment areas and administrative burden.

2. CHC with high volume of counseling referrals to begin offering short-term counseling options in order to see more people more efficiently.

3. Leverage SPIN into a province-wide solution

Thank you