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CONTEXT

Ontario HLs are helping to improve coordination of care across multiple partner organizations for patients with complex health care needs; however, little is known about the value that HLs are creating at this early stage and the value that they can generate in the long term.

OBJECTIVES

The objectives of this research were to a) define value from the perspective of HLs; b) identify value that HLs may be currently creating; c) single out some of the practices and programs that HLs are currently implementing; d) explore the long term vision for HLs; and e) recognize barriers, enablers, and key resources needed to accomplish this long term vision.

METHODS

We conducted a series of 11 interviews with 21 individuals in key positions within 10 HLs across Ontario. The sample was selected in collaboration with the MOHLTC Transformation Secretariat. We identified organizations that were more advanced in terms of program implementation, partner collaboration, innovation and promising practices, and that varied in terms of location, LHIN and type of lead organization.

FINDINGS

From the HL perspective, value may be defined concurrently with the aspects identified in our first paper as part of the *Framework for Assessing Value in Health Links*. Elements of value were clearly identified in the domains of patient/caregiver experience, patient care/outcomes, care coordination/integration, cost containment and adequate use of resources. Although domains related to population health were rarely mentioned in the current stages, they were clearly identified in the long term vision for HLs.

HLs have adopted different strategies in terms of governance structure, leadership, and approach to integration. The method that HLs use to identify their target population varies and has evolved over time. Despite being at early stages of implementation, HLs may already be creating value in the following areas: integration between organizations; coordination of care (care planning and information sharing); patient experience of care; patient care/outcomes; and cost of care.

The most demanded resource by all interviewees was the availability of an IT platform for coordinated care where all providers can see and update the care plan and engage in secure communication.

CONCLUSIONS

Up to this point, HLs have focused their efforts into building productive relationships among partners and a culture of common purpose, with the needs of the client at the centre of the care arrangement. Value created in these areas may already be reflected in improved health care outcomes.

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