

**ASSESSING VALUE IN ONTARIO HEALTH LINKS.  
PART 5: HEALTH SYSTEM PERFORMANCE TRENDS IN  
HEALTH LINKS POPULATIONS**



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## **CONTEXT**

Ontario's Health Links program was announced by the Ministry of Health and Long-Term Care (MOHLTC) in December 2012 as a provincial strategy to improve care coordination for patients with complex conditions and social needs. As of July 2016, there were 82 Health Links in operation across all 14 Local Health Integration Networks (LHINs).

## **OBJECTIVES**

The objective of this report is to describe the health system performance trends between 2012 and 2014 for a defined Health Links target population using health administrative data. We analyze selected health system performance indicators for all currently approved Health Links, thereby providing performance data against which outcomes for patients enrolled in Health Links can be compared.

## **METHODS**

Using health administrative data housed at the Institute for Clinical Evaluative Sciences (ICES), we identified all individuals alive in the Registered Persons Database (RPDB) at the midpoints (September 30) of 2012 and 2014 who were OHIP eligible, less than 105 years of age, and met the MOHLTC "Health Links target population" criteria of having an active diagnosis of 4 or more priority conditions within the last 1-year period. All Ontarians identified in the 2012 and 2014 study populations were assigned to a Health Link. Multiple characteristics were recorded for each Health Link, including levels of rurality and material deprivation, lead organizations type, and early adopting status. Seven indicators were measured for years 2012 and 2014, selected to represent important outcomes of health system performance: (1) Health care expenditures; (2) Acute (all-cause) hospitalizations; (3) Low acuity Emergency department visits; (4) All Emergency department visits; (5) Readmissions within 30 days for select case mix groups; (6) Post-discharge primary care 7-day follow-up; and (7) enrolment of patients in a primary care model.

## **FINDINGS**

A total of 514,848 individuals (3.9% of the Ontario population eligible from the RPDB) were included in the 2012 Health Links Target Population, and 546,450 (4.0%) for 2014. Considering the full target population, there were statistically significant improvements from 2012 to 2014 in total costs per month alive (1% inflation-adjusted reduction), low acuity ED visits (10% reduction), and primary care follow-up within 7-days after a CMG-related hospitalization (2% increase). Total ED visit rates worsened, increasing by 4%. At the Health Link level, a high degree of variability was observed in most indicators, including variability among Health Links within the same LHINs. In addition, no clear patterns of high or low performance at the Health Link level were directly observable. In other words, no one Health Link, or groups of Health Links, was consistently a high or low performer across the set of indicators that were quantified.

## **CONCLUSIONS**

This report describes longitudinal trends from 2012 to 2014 of high-cost, high-needs patients affiliated with 82 Health Link catchment areas as identified by health administrative data. Important findings from this research include a 1% reduction in inflation-adjusted costs for this complex patient population that was driven by reductions in costs for inpatient care. This 1% decrease (\$300 per person-year) translates to an annual health system savings of up to \$164 million when considering all possible complex patients (target population). As of March 2015, an estimated \$30 million had been invested into the Health Links program, suggesting a positive return on investment.

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