

**Senior's Health & Wellness
ASSIST Model
CSS – Building Community
Capacity to Deliver Care
Conference, June 26, 2007**

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Peel Senior Link
“Helping seniors live independently”

Mississauga/Halton LHIN

Mississauga/Halton LHIN - IHSP

Improving System Performance

Local Solutions for Provincial Priorities:

- Alternate Level of Care
- Surgical Throughput
- Critical Care Capacity
- Wait Times
- Long-Term Care Placement Time
- Quality of Care – Patient Perception
- Readmissions for Acute Myocardial Infarction

Preventing & Managing Chronic Conditions

Integrating Mental Health & Addictions

Strengthening Primary Health Care

Enhancing Seniors Health & Wellness

Enabling Strategies:

- Information and Technology Solutions
- Human Health Resources Planning
- Promotion and Prevention
- Education and Knowledge Sharing
- Easy Movement Through the System



The Burning Platform

- **Mississauga/Halton LHIN is projected to have the second highest growth rate in seniors to 2018 among the 14 LHINs.**
- **Home to over 1 million people including close to 215,000 older adults (over age 55)**
- **Over next 10 years this number of older adults is expected to increase by 48% to over 317,000 people (67,881 >75 yrs 21%)**

The Burning Platform for Change – Service Utilization

- The proportion of seniors receiving home care increases with age from 8% among those aged 65 to 74 to 42% among those aged 85 or older.
- About one-quarter of senior men and one-third of senior women with five or more chronic conditions had received home care in the year before. This compares with only 5% of those who reported no chronic conditions.
- Hospitalization rate of seniors was three times the rate for individuals younger than 65 during the fiscal year 2002/03 (16,500 / 100,000 population 65+; vs 5,000 <65). The rate for 85+ patients was 28,000 / 100,000 population.

(source: Statistics Canada: Canadian Community Health Survey; Hospital Morbidity Database)

The Road Today.....

Jan 2005	Hospitals meet and agree to work together on a regional geriatric model with DHC	Nov 2005	Regional Geriatric Advisory Task Force formed (RGATF)
May 2005	CCACs join and “White paper” written to identify the challenges and current resources. Recognize we need broader community input.	Jan 2006	Price-Waterhouse-Coopers engaged to support the RGATF in developing an integrated model of senior’s health delivery
Oct 2005	“A Call to Action”	March 2006	Vision Day
		April 2006	Final Report

Operationalizing the Plan...

- May 2006 Presentation to MH LHIN
- November 2006 MH LHIN integrates the ASSIST Model within approved IHSP
- April 2007 ASSIST Model Design Team Initiated
- May 2007 Falls Prevention Sub-Committee Formed

The GATF Core Team Members Organizations



COMMUNITY CARE ACCESS CENTRE OF PEEL
Centre d'accès aux soins communautaires de Peel

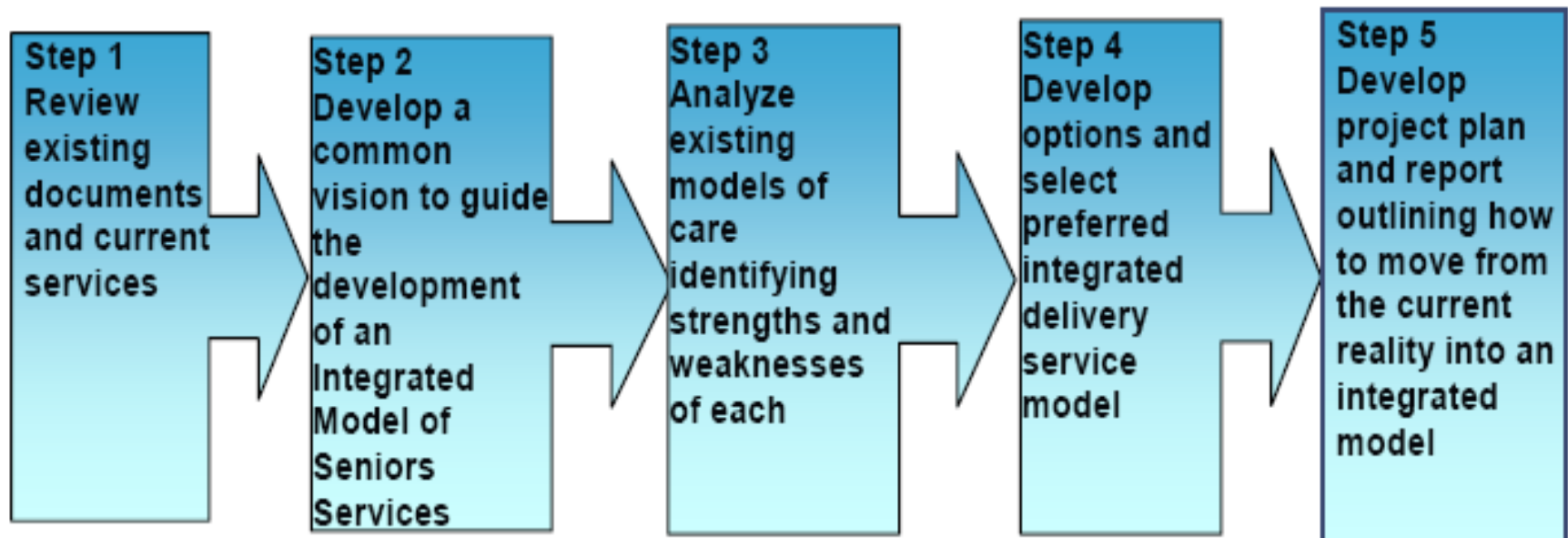


Halton Healthcare



CREDIT VALLEY
THE CREDIT VALLEY HOSPITAL





Vision, Mission

Vision

- ***Working together for seniors' good health***

Mission

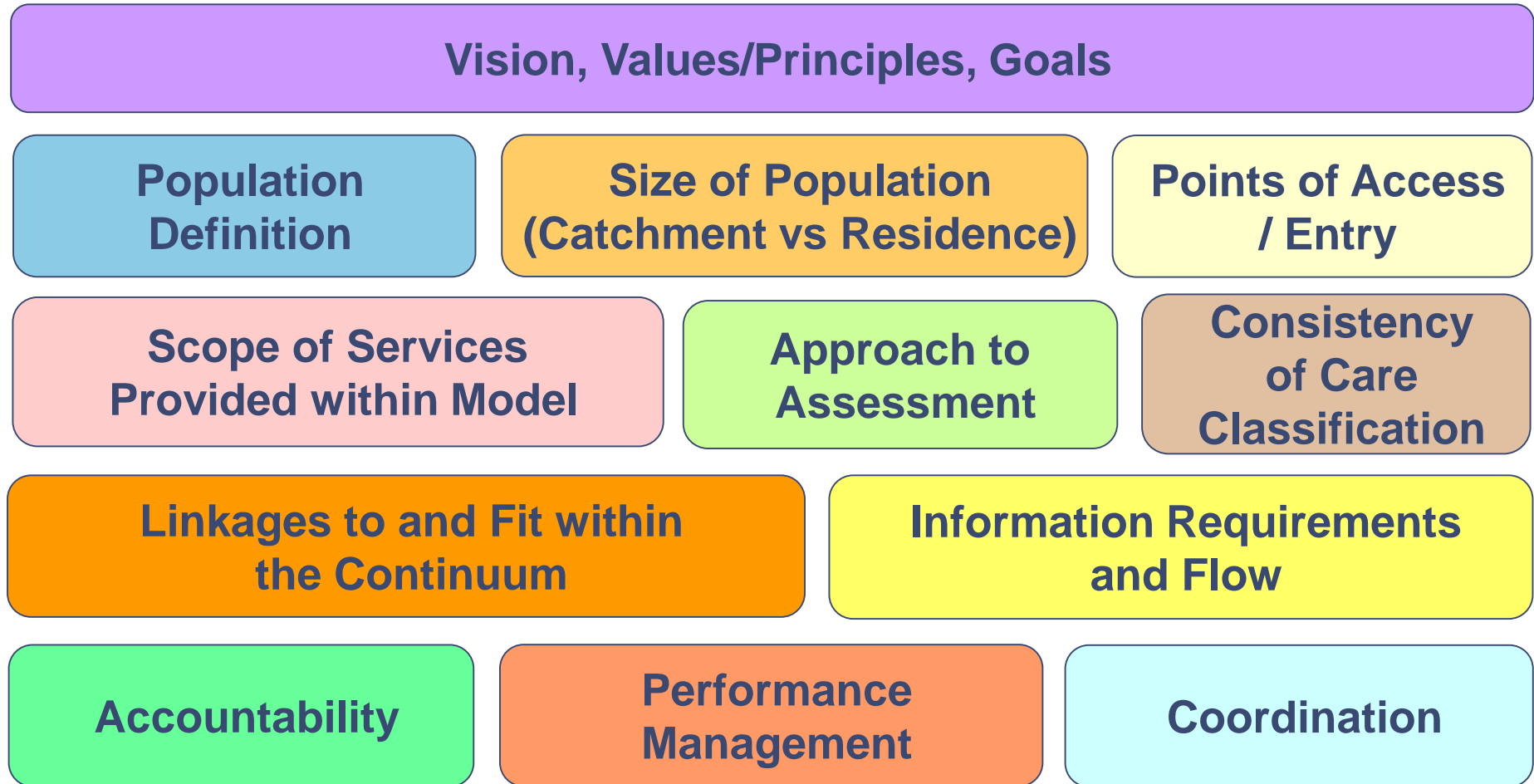
- ***Maximizing health and independence in seniors through an integrated and comprehensive continuum of care***



Guiding Principles

Dignified	Evidence Based Practices	Choice
Continuum of Care	Inter-disciplinary	Easy Access
Joint Accountability	Sustainable	Passionate

Building Blocks of ASSIST for MH LHIN



“**ASSIST**”: The Model for Service Delivery to Seniors in Mississauga Halton LHIN

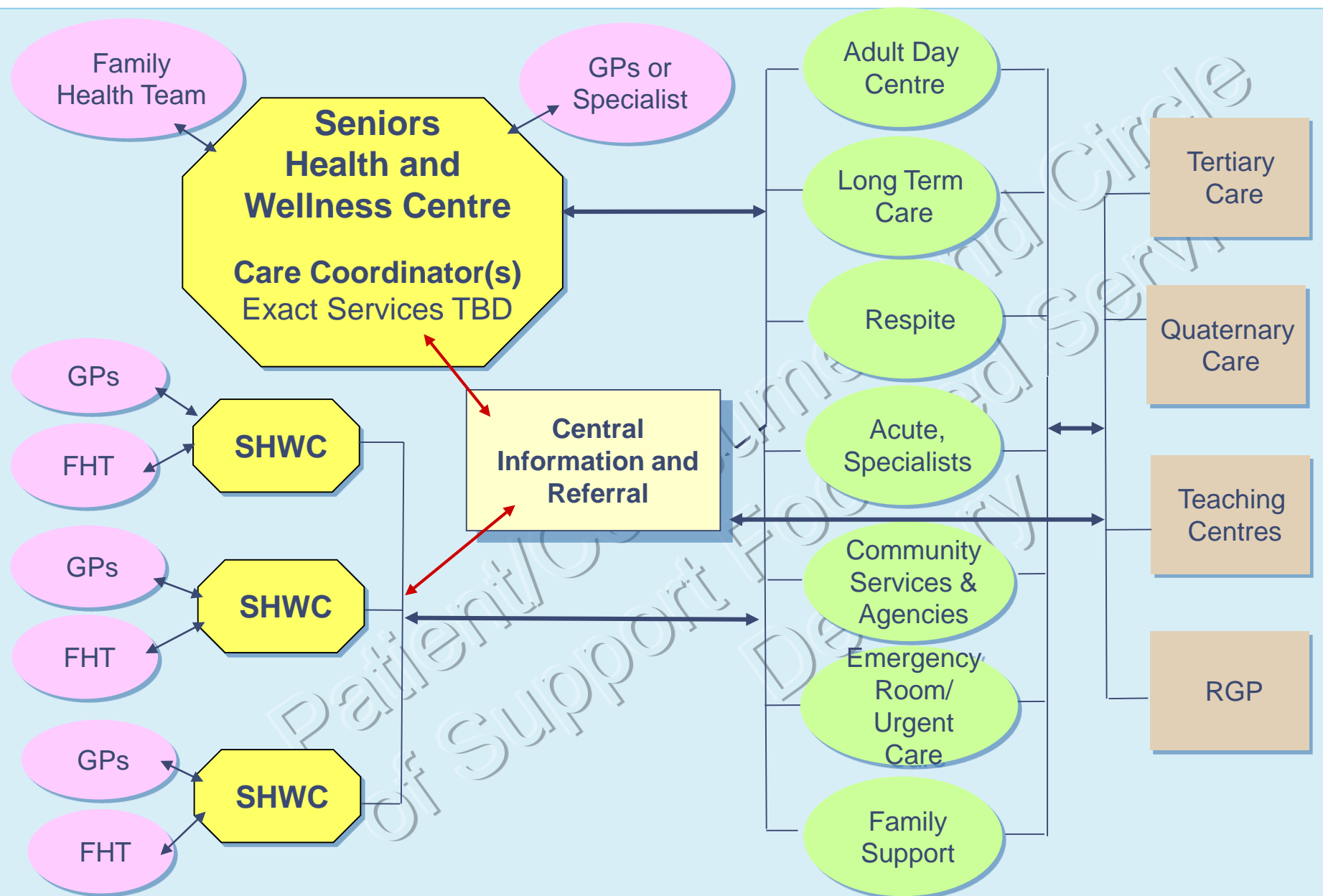
- **All-inclusive**
 - **Seamless**
 - **Services for**
 - **Independence of**
 - **Seniors for**
 - **Today and Tomorrow**
-

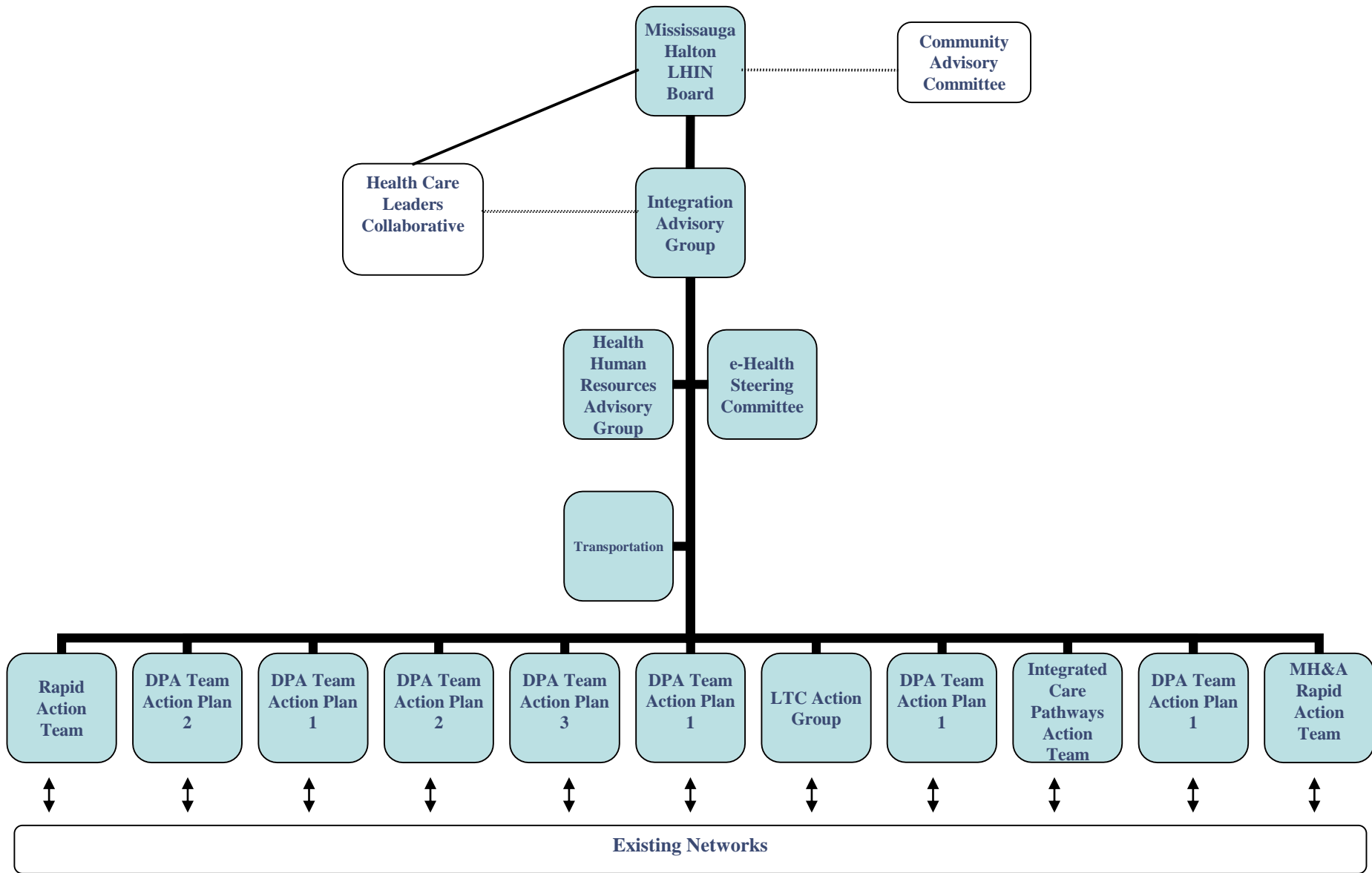


Core Components of the ASSIST Model

- Central Intake/Referral
- Common Assessment
- Senior's Health and Wellness Centers based in Primary Care/Prevention
- Care Coordinators/Case Managers that follow client throughout the continuum of care.
- Shared electronic health record across the system

ASSIST Model (Client can enter at any point)





Keys to Success

- representation from across the health care sector including consumers
- co-chairs from across the healthcare continuum
- short time line
- LHIN environment
- support from our organizations
- building on prior work and experience
- clear project focus
- Consultant support
- Letters of Support

Barriers to Success

- Failure to recognize the magnitude of the transformation required.
- Inability to change our silo thinking.
- Lack of integration at Ministry and Municipal levels.

INTEGRATION

Stick with the vision

Focus on the needs of the patient/client

What is the function of my organization within an integrated system?

Working together for seniors' good health

ASSIST MODEL



www.peelseniorlink.com