

Coordinated Care Planning

Let's Make Healthy Change Happen

Identifying Patients with Chronic &/Or High Cost Conditions

This fact sheet will assist in identifying those eligible for coordinated care planning using the new Health Links target population definition. Use the definition and check list to help identify your patients or clients who would benefit from improved care coordination. Once identified, they can then be engaged to participate in the process.

Coordinated Care Planning Process

Identify Patients

"Recognize that I may benefit from care coordination"

Engage the Patient

"Engage me to participate in care coordination"

Initial Interview

"Let me share what is mportant to me and what my

Care Conference

"Together, we may develop my coordinated care plan"

Maintenance and Transitions

"I work with my team to meet my goals, and my team stays connected"

Health Links Target Population Definition

Target Population	Patients or clients with 4 or more chronic and/or high cost conditions						
Identified Sub-Groups	Mental Health & Addiction	Palliative	Frail Elderly				
Considerations	 Consider patients or clients with: Economic characteristics (low income, median household income, government transfers as a proportion of income, unemployment) Social determinants (housing, living alone, language, immigration, community and socials services etc) 						

^{*}Exclusion: Clients outside of the Toronto Central LHIN are currently not eligible

Checklist to Help Identify Potential Health Link Patients

Chronic And/Or High Cost Conditions – 4 or More						
	ALS (Lou Gehrig's Disease)		Depression		Mental Health Conditions (unspecified/unknown)	
	Amputation		Developmental Disorders		Multiple Sclerosis	
	Anxiety Disorders		Diabetes		Muscular Dystrophy	
	Arthritis and Related Disorders		Eating Disorders		Osteoporosis Including Pathological Bone Fracture	
	Asthma		Epilepsy & Seizure Disorders		Other Perinatal Conditions	
	Bipolar		Fracture		Pain Management	
	Blood Disorders (anemia, coagulation defects)		Hernia		Palliative Care	
	Brain Injury		Hip Replacement		Paralysis And Spinal Cord Injury	
	Cardiac Arrhythmia		HIV/ AIDS		Peripheral Vascular Disease and Atherosclerosis	
	Cerebral Palsy		Huntington's Disease		Personality Disorders	
	Chronic Obstructive Pulmonary Disease		Hypertension		Pneumonia	
	Coma		Influenza		Renal Failure	
	Congenital Malformations		Ischaemic Heart Disease		Schizophrenia & Delusional Disorders	
	(Congestive) Heart Failure		Knee Replacement		Sepsis	
	Crohn's Disease/Colitis		Liver disease (cirrhosis, hepatitis etc.)		Stroke	
	Cystic Fibrosis		Low Birth Weight		Substance Related Disorders	
	Dementia		Malignant Neoplasms (cancer)		Transplant	
					Ulcer	

Social Economic Stress Risk Factors *							
	Government Payments As A High % Of Income		Household In Need Of Repair				
	Living Alone		Low Education Level				
	Low Household Income		Low Individual Income				
	No Knowledge Of Official Languages		Recent Immigration				
	Unemployment		Other				

Process to assess Social Economic Stress for the purposes of patient identification is being further developed by MOHLTC