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CONTEXT

In December 2012, the Ontario Government launched the Health Links, a strategy to integrate care for patients with complex health and social care needs. The Health Links bring together multiple clinical and social service providers on a voluntary basis, including a minimum of 65% of primary care providers in each region. The Ministry of Health and Long-Term Care (MOHLTC)'s is utilizing a "low-rules" approach to the implementation of Health Links in an attempt to encourage organizations and professionals to determine how best to achieve system goals through experimentation and learning. The Ministry's "low-rules" approach aligns with the growing application of complexity science principles, which argue that in complex systems effective innovations and improvements are more likely to emerge from the bottom up when the conditions are favourable.

OBJECTIVES

This paper aims to discuss three key leadership and governance issues influencing the implementation and success of the Health Links.

METHODS

The findings of the study were drawn from interviews with leaders and providers from Health links and Local Health Integration Networks (LHINs).

FINDINGS

MOHLTC: Early adopter Health Links farther along in the trajectory of implementation and patient management see Health Links as an opportunity to "be creative [and] innovative" and "provide some local solutions that may, over time, spread to other Health Links." There are three issues that policymakers and leaders should consider. First, the Ministry's multi-stage approval process has been time-intensive from the Health Links' perspective. Second, the lack of standardization across Health Links may contribute to duplication of work, variations in access and quality of care and confusion among patients and providers who cross Health Link boundaries. Finally, there is considerable ambiguity generated by the Ministry's low-rules approach.

LHINs: The leadership tactics used by the LHINs, and their level of engagement in Health Links implementation vary widely. Many LHINs are excited by the low-rules approach. These LHINs are embracing and perpetuating the flexibility and freedom of the Health Links model by encouraging local innovation and developing interim solutions until the Ministry offers further direction and tools. However, a few LHINs are frustrated by the low-rules approach.

Health Links: Health Links are led by varied organizations including hospitals, Family Health Teams, Community Care Access Centres (CCACs), Community Health Centres and community support agencies in single- or co-leadership models. Many interviewees pointed out that lead organizations provide visionary and administrative leadership, but do not dictate direction or make decisions in isolation. Several interviewees suggested that the type of lead organization matters less than the organization's reputation, existing partnerships, and leadership style.

CONCLUSIONS

Bringing multiple clinical and social service providers together to integrate care for complex patients is labour-intensive, particularly in a low-rules environment where the structures and methods for patient identification and care coordination are being designed and refined at the local level in real time. Framing integrated care as a mindset and a value has emotional appeal and staying power, which are key ingredients needed to scale-up and spread Health Links across the province.