

5.0 Business Arising

6.0 Committee Reports

7.0 New Business

7.1 Health Links Funding*

J. Tettmann provided an overview on Health Links funding and recent conversations with the Health Link leads noting that Health Links will receive reduced funding in the 2015/16 fiscal year. It was commented that from a reputational and strategic risk perspective that we need to ensure that the Health Links understand we are committed to the evolution of Health Links and that we don't want to lose momentum. An evaluation of Health Links will continue at the provincial level. It was noted that in anticipation of the funding cut, the LHIN asked each Link to submit a "bare bones" budget that would include what they would require to keep their plan moving without any new commitments and scaling back wherever possible. The LHIN reviewed each of those submissions and removed items that were not critical or essential in 15/16 and revised the budget down to 350K dollars per Link. Supporting the Links at 350K would require 1.75M. This leaves a gap of 600K between lowest level of funding we could provide to keep activity moving forward and the 1.15M the Ministry has allocated.

The LHIN met with the Health Links last week and has sought their advice on how to allocate the 2015-2016 funding for our 5 Health Links. They recommended an equal distribution of funding amongst the 5 and the LHIN supports this recommendation. The change in funding will require the Health Links to re-visit their business plans and determine what they will be able to achieve with the funding that is available. The Board discussed the pros and cons of this approach.

M. Wilkinson provided an overview of the success of our two early adopter health links, including achievements to date. Following the presentation, and noting that the early adopter Health Links in NSM achievements to date, it was questioned by several members of the Board if an approach should be considered where investments be provided to the early adoptors to support the continuation of their work, and that funding not be provided to the Health Links that are only getting started and not yet having a direct impact on patient care.

It was questioned if there is a way we can allocate funding to initiatives that support patients (e.g. pain pumps, IV therapy in Long Term Care). A. Gallardi responded that there are pressures across the system and that Health Links is concentrated on the complex patients. It was commented that developing a network of care around complex patients will have a positive impact on Emergency Department visits and ultimately Alternate Level of Care days.

We need to understand what the failure of this program would mean to the patients.

The LHIN has advised the Health Links that that they need to focus on the top 1-5% high users of the health care system.

