Health Care Column

Patients Benefit When Health Care Organizations Work Together

By Dr. Yves Raymond, North East LHIN Primary Care Lead, Cochrane Sub-Region

January 30, 2018 -- It's well known that Northeastern Ontario has an aging population and that this poses a challenge for health care services across our region. I've seen first-hand how it is possible to "get ahead of the game" by health care organizations working together and coordinating their services so that patients, particularly older ones, reap the benefits.

For several years, my place of work – the Timmins Family Health Team, had been doing memory assessments in collaboration with a geriatric nurse. Over time, we found that the demands for geriatric services were continually growing. Two years ago, we saw a great opportunity when we were approached by the North East Specialized Geriatric Centre (NESGC) – located in Sudbury - about developing a satellite site in Timmins.

The result was the opening of a new geriatric clinic, which has been serving older adults and providing specialized geriatric services for just over a year. Our partnership allowed each organization to share space, expertise, and benefit from working together. Today, we are able to provide more well-rounded care to our patients by having access to more specialties within geriatrics. Through the program, patients can access an inter-disciplinary team of professionals from a single location. This includes not only physicians from our health team, but also care of the elderly physicians provided by NESGC, social workers, registered nurses, and occupational therapists.

We also benefit from having a North East LHIN Geriatric Case Manager working from our office, who helps to coordinate home care services. As well, specialist assistance is available from Sudbury, thanks to our partnership with NESGC. With access to all of these resources in one place, it is easier to link patients with appropriate services after their assessment is completed.

When patients need a specialized geriatric care assessment, it means that they are in functional decline, so there is an urgency to get services and care in place. It's significant that the Centre has been successful in decreasing wait times for patient assessments by up to 75%— from eight to 12 months in 2013/2014 to three months currently. All of the program's services are outpatient and community-based and are designed to help keep people living at home with as much independence as possible.

Geriatric assessments are complex, but having many services in the same location makes the process easier and more efficient. In addition, many patients bring a caregiver or family member with them, so having everything in one spot increases the likelihood that the same family member will be able to contribute to all aspects of the assessment. In the end, patients are happier because their health needs are met, they get the care they need more quickly, and their questions are answered by the right professionals under one roof.

Patients do not have to be on the Timmins Family Health Team roster—or even be living in Timmins— to access specialized geriatric services. These services are open to patients living all along the Highway 11 corridor and they are available in both English and French. In cases where travel might pose an issue, videoconferencing over the Ontario Telemedicine Network (OTN) can be used in lieu of in-person appointments.

To meet the challenges of both the present and the future, we have to be willing to break down silos and create new partnerships. For my part, I'm incredibly heartened to see the open-mindedness and willingness to collaborate that exists amongst health care and social service providers in the Timmins and Cochrane area. As shown by the success of the geriatric clinic, when we put patients first and work across boundaries the results can be transformative!

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