Community Networks of Specialized Care

Building Health Care Capacity to Serve Individuals with a Developmental Disability
The Issue

- Individuals with developmental disabilities have on average 5.4 medical conditions (more than twice the usual)
- Many of these conditions (ie. Epilepsy, mental disorders, sensory impairments, swallowing disorders, chronic constipation, reflux esophagitis and dental disease) are more common in patients with a developmental disability than the general population
- Many also have communication impairments which makes it difficult to communicate health-related issues
- Patients with DD are often recipients of too many, or sometimes inappropriate, medications and often experience serious side-effects which go unrecognized
The Issue

- Patients with DD often do not receive health promotion or disease prevention maneuvers (ie. Immunizations)
- Medical conditions often combined with lifestyle issues such as poor diet, obesity and inadequate physical activity

(Source: The Consensus Guidelines for Primary Care of Adults with Dual Diagnosis)
Background

- Historically, provincial facilities provided both primary health care expertise and training in the field of developmental disabilities.
- Individuals with developmental disabilities are now living in the community and professionals without specialized knowledge are being asked to care for them.
- The Consensus Guidelines for the Primary Care of Adults with Developmental Disabilities were released in November, 2006 to assist primary care physicians.
Why is Primary Care Difficult to Access?

- Primary care providers receive little (if any) formal training in developmental disabilities
- Lack of specialized experience makes providers uncomfortable in providing care
- Individuals with developmental disability often have complex medical issues requiring more attention from a physician
- General shortage of physicians in the community
Building Healthcare Capacity to Serve Individuals with a Developmental Disability

- May 2010, Minister of Community and Social Services announced $800,000 to improve access to health care for individuals with a developmental disability
- Funding was allocated to each of the four provincial Community Networks of Specialized Care to implement their plan to improve access to primary care
- Funding intended to support recruitment of new Health Care Facilitators
Purpose

- To build capacity in the local health care community
- To compliment efforts by MOHLTC to improve overall health care experience of Ontarians
- Expand access to health care for individuals with a dual diagnosis
- **Not** intended to duplicate the role of health care providers
Activities

- Provide system support that gains access for individuals to the primary care system
- Developing access protocols and training with Family Health Teams, Community Care Access Centres, Community Health Centres, hospital emergency departments and other organizations which have involvement with either delivery or referral to primary health providers
- Creating linkages so that supports are in place for individual clients to receive the best possible health care
Activities

- Identifying gaps in accessing primary health care, long term care and mental health systems and developing strategies to navigate or fill these gaps
- Education and increasing the capacity of other systems (e.g. justice system) with respect to health care needs of persons with developmental disabilities
- Educating and increasing the capacity of developmental and mental health service providers with respect to the health care needs of persons with developmental disabilities; and
- Creating professional linkages between health care services (e.g. Community Health Centres, Family Health Teams, CCACs, primary care providers)
Role of the Health Care Facilitator

- Facilitate referrals and linkages to medical resources and social services
- Educate providers in the implementation of appropriate care and treatment plans
- Development knowledge of existing generic health services and identify deficits/gaps which will require augmentation
- Provide advice to agencies to support development of their own network of health care services
- Promote professional linkages between health care professionals
Role of the Health Care Facilitator

- Identify specialized training needs and recommendations of training resources
- Provide selective training to network partners and community agencies
- Integrate with other support systems within the community such as LHINs, Family Health Teams, Community Health Centres, etc.
- Act as a consultant by providing information to clients, caregivers, service providers and staff regarding community health care systems and the availability and suitability of community health care
Regional Activities

- Implementation Plan completed & approved by MCSS Regional Office
- Health Care Facilitators recruited for South East & East
- Launch event held
- Stakeholder consultations (service provider tables, DS/MH committees, Primary Care Forum) are on-going
- Communication materials developed
Regional Activities

- Provincial collaboration on “Adults with Dual Diagnosis in the Emergency Department: Why do they go and what happens once they are there?”
- Distributing revised 2011 Primary Care Guidelines and Tool-kit
Questions ??

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Questions ??

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