



**Guelph
Wellington**
Ontario Health Team

Integrated Primary Care Teams (IPCTs)



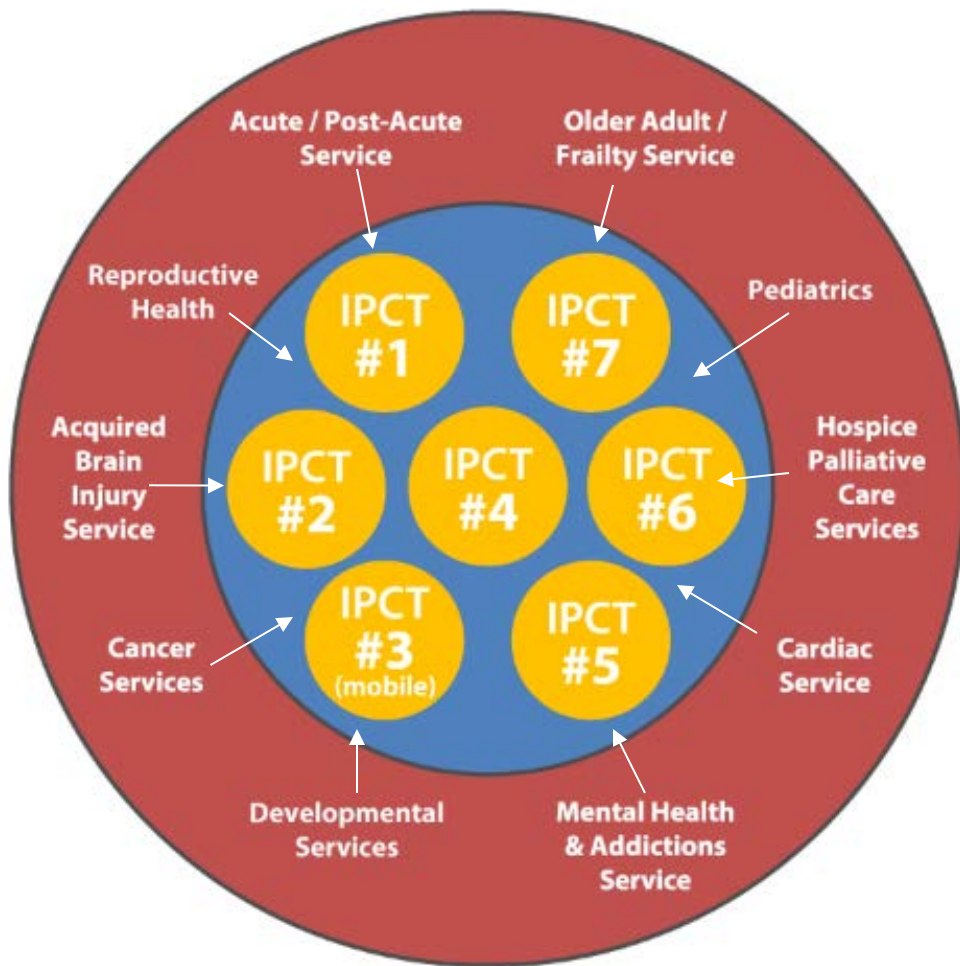
Background to IPCT Philosophy

- IPCT is integral to the transformation of the health care system within Guelph Wellington
- Mature state will have fully developed collaboration between in-office and in-home health care services
- Providers on each IPCT will share a coordinated care plan
- Use of digital health tools to deliver care and communicate with their patients and each other
- Patients will have a “go-to person” on their team who will help manage and coordinate their care
- Specialty team members will join patient care team as their care needs change
- Patient and population health data will be collected and used to proactively adjust resources to ensure equitable health outcomes for residents.

Key Features of the IPCT Model

- Patients experience simplified, comprehensive care from “their team”
 - Fewer providers with whom they have a relationship and who know their “story”
 - “Go-to-Person”
 - IPCT patients will be better informed and more capable in advancing their own improvements in health outcome
- Relationship-based, dedicated teams that are integrated around the patient’s needs
 - Care coordination
 - System Navigation
 - In-home care
 - Clinical /care plan data sharing

Building the Foundation



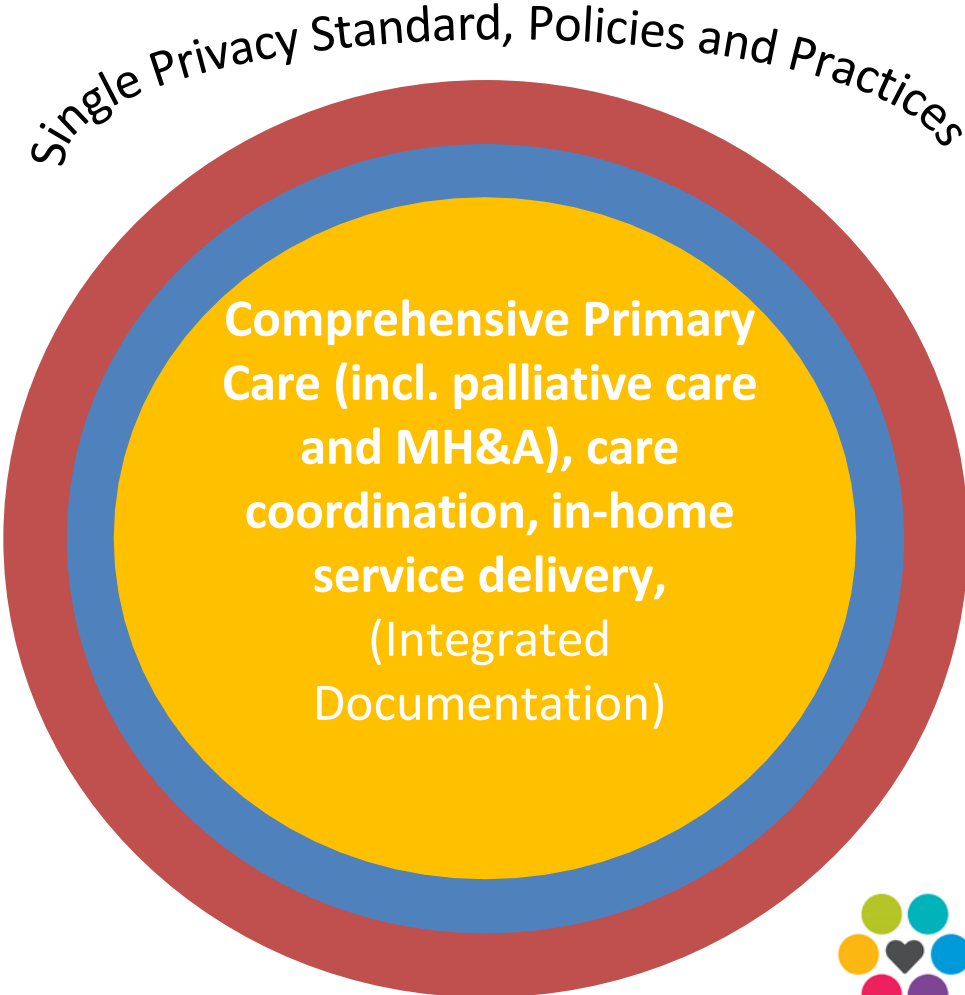
Specialists and other specialized care that aren't part of the IPCT will **be invited to join** the patient's care team when the patient needs that level/type of care

How the GW OHT will Integrate Services into the IPCT

Current



Future State



Jane's Care Team - Current



MH&A

(Charting: Caseworks,
other EMRs)



Housing
(Charting: Hifis)



Primary Care Team
(Charting: Telus)



Care Coordinator
(Charting:
CHRIS)



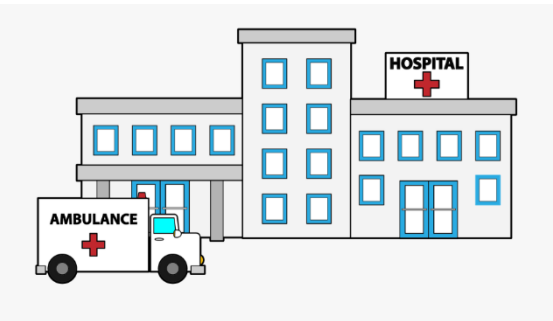
In-home Nurse
(Charting:
Separate system)



In-home PSW
(Charting:
Separate system)



Palliative Care
(Charting: Paper, Telus,
other EMRs)



Acute Care Team
(Charting: Meditech)

Jane's Integrated Primary Care Team (IPCT)



**Comprehensive Primary Care incl.
palliative care and MH&A, care
coordination, in-home service delivery,
acute care etc.**

**(Integrated Documentation, Harmonized
Privacy Policies & Practices)**

What are the Components of the IPCT?

| Foundational Elements/Features of All IPCTs i.e All IPCTs will include these features | Additional Elements/Features to be Added Depending on Needs of the IPCT Population |
|---|---|
| Integrated Care Coordination in partnership with WWH&CC SS e.g., Care Coordinator, Mental Health & Addictions Nurse, Rapid Response Nurse etc. | CAD's |
| Integrated in-Home Services in partnership with Service Provider Organizations | IGSW SSW |
| Harmonized Information Management - Integrated Privacy & Security Resources and Standards | Ontario Works |
| Common /Shared Digital Health Platforms <ul style="list-style-type: none"> - Digital shared care planning (Sharon BOT) - Secure provider to provider communication (Hyper Care) - eReferral - eConsult | Housing ODSP Ontario Works |
| Data Sharing – Contribution of EMR data to support identification of IPCT patient complexity and population health approach to planning and resource allocation | |