Guelph Wellington Ontario Health Team

IPCT

Integrated Patient Care Team

Patients tell us they want one care team that cares for all aspects of their health. Clinicians tell us they don't want different ways of caring for each diagnosis because patients often have multiple diagnoses. The IPCT model is a comprehensive, holistic model of care that enables dedicated and integrated teams of providers to address ALL of the patient's needs.

What is an IPCT?

Through the support of the GW OHT, services at GW OHT primary care clinics are being enhanced. In addition to the existing primary team members, Home Care "Care Coordinators", in-home service providers, palliative care providers, mental health and addictions clinicians (and others depending on the needs of the particular patient population) will also be embedded. Patients with complex needs will have a "Go-To-Person" who will be their contact for questions they have about their care. The resulting enhanced team at each clinic is being referred to as an Integrated Patient Care Team (IPCT). IPCTs will be implemented over time across existing GW OHT primary care teams. Several IPCTs have already been set up, and work is underway to expand the number of sites and the variety of imbedded services offered at each site.

PATIENTS AND PROVIDERS TOLD US THEY WANT ONE TEAM!

Refer to page 2 for a more detailed description of the elements of an IPCT

What Does an IPCT Do:

An integrated team of dedicated providers (i.e. they exclusively care for the patients of the IPCT) wrap around care where care team members (including patients!), within and across settings, communicate effectively to meet each patients' goals.

What will be Different as these Teams Continue to Develop/Become Established?

- Patients will be healthier when they are cared for by a single team of dedicated providers.
- Patients will have better experiences when receiving care from a single team.
- Providers will have better experiences working as part of a dedicated, integrated team with whom they can communicate/share information seamlessly.

What are the Features of the IPCT That Will Enable This Change?

#1	Patients with complex needs will have a "Go-To-Person" to call	A "Go-To-Person" is a member of the IPCT who is chosen by the patient with complex needs as their first point of contact for any questions regarding their care.
#2	Patients with complex needs have a single, shared care plan so that all members of their care team know their story & plan	A shared care plan is a patient-centered health record designed to facilitate communication amongst members of the care team, including the patient and providers. Rather than relying on distinct care plans, a shared plan of care enables members of the patient's care team to create and adapt a shared plan of care. The shared care plan will be automatically updated and will be available in both CHRIS and the TELUS PS Suite EMR.
#3	Patients have access to their health information	ConnectMyHealth is a free online portal being developed by Ontario Health that will allow patients to access their own health information. It is a patient-facing clinical viewer which will display a subset of information from ClinicalConnect. It is expected to be available to patients in Guelph Wellington in the first half of 2023. Click here for more information.
#4	eReferral is used to access needed services	eReferrals are launched right from the patient chart in the EMR and allow physicians to send referrals electronically rather than by fax. eReferrals can be used to refer to specialists, specialty services and diagnostic imaging. Click here to see who is able to accept eReferrals in your area. eReferral automatically notifies patients about the referral and provides updates in the patient's chart about the status of the referral. There is no cost.
#5	Data is available to understand and deliver care to patients based on their complexity of their health conditions	Currently, data/information available about patients is limited to each sector of the health care system (e.g. hospital data, home care data, primary care data). Integrated Decision Support (IDS) is a platform that combines data from multiple sectors (acute care, mental health and addictions, home care, etc.) to understand each patient's health and journey across the system. Several primary care providers/groups have also recently begun contributing their data to IDS. This is enabling a better understanding of the health needs and journey of each patient AND to plan and deliver holistic care to each patient within each IPCT (rather than developing different models of care for each diagnosis that a patient may have).
#6	Care team members are able to communicate safely and securely in real-time	Hypercare is an easy-to-use, secure App (similar to WhatsApp) used for real time texting between providers. It can improve connectivity and communication between providers and facilitate transitions of care. GW OHT is currently providing licenses for GW OHT providers. To read a real case example of how Hypercare prevented an Emergency Department visit, click here
#7	Feedback from patients and health care providers is used to improve care processes	Patient and provider feedback surveys take only 3 minutes and are administered annually at each IPCT site to inform the evolution of IPCTs.

If you have questions about the IPCT model or are interested in learning more about any of the features of an IPCT described here, please contact Emmi Perkins (Emmi.Perkins@GuelphWellingtonOHT.com)