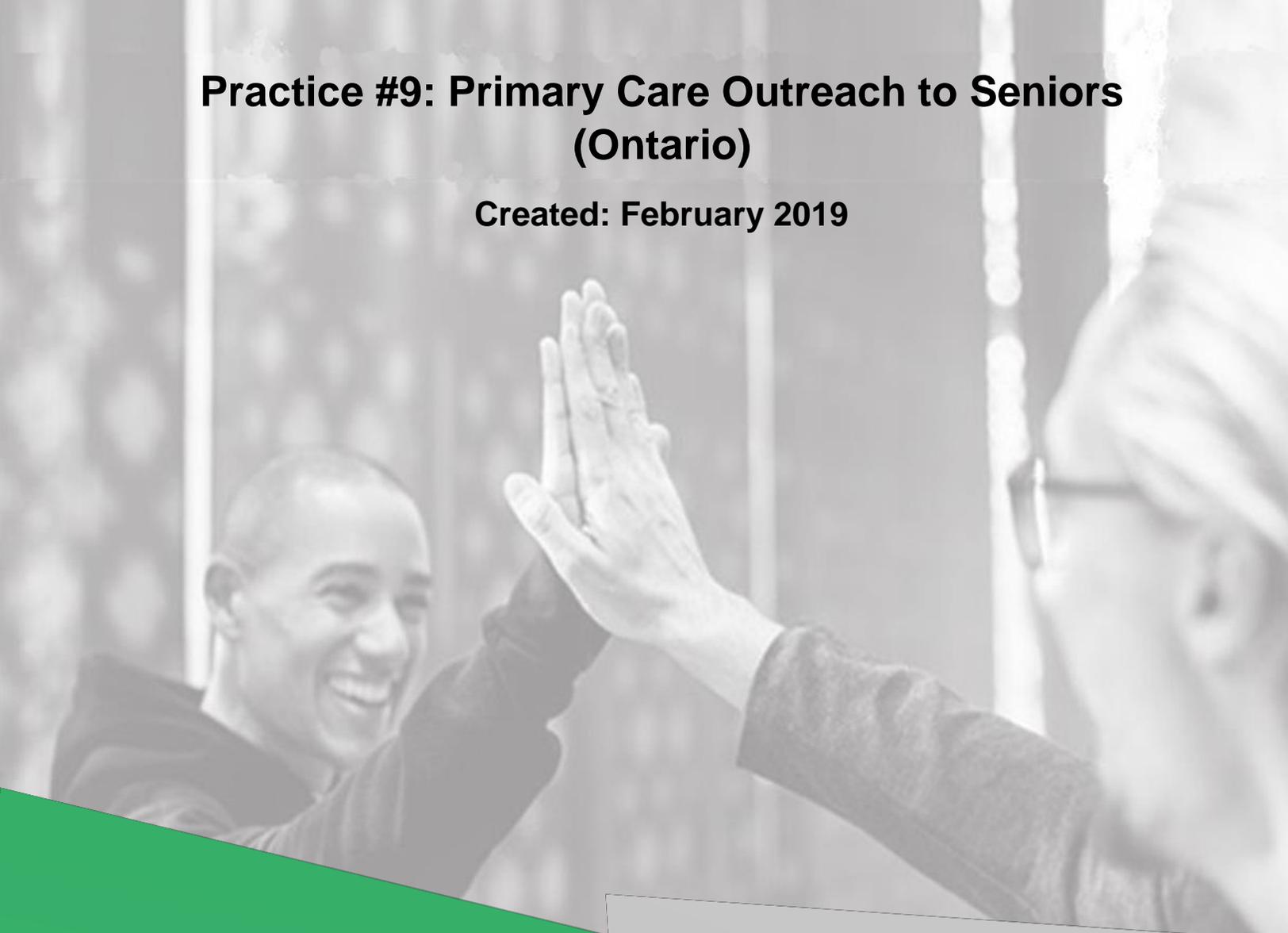


Practice #9: Primary Care Outreach to Seniors (Ontario)

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ABOUT THE FACT SHEET

This fact sheet is part of the *Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts* (available at: https://www.grefops.ca/directory_innovative_practices.html)

The *Directory of Innovative Practices* (formerly the Handbook of Innovative Practices on the Integration of Official Language Minority Health and Social Services) is a complementary resource to the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity*¹. It presents initiatives that have been put in place, most often at the local level, that respond to a community need and are perceived as innovative by the various actors involved in their implementation. The practices were identified, analyzed and classified according to an evaluation framework developed by the Health Council of Canada. This framework allowed us to distinguish between emerging practices, promising practices and leading practices. Some of these practices were suggested by the *Société Santé en français* and the provincial, territorial and regional French-language health networks, or other partners.

The reader is referred to the [Introduction and Method](#) document for information about the authors and collaborators, background on the project, a description of the methodology used to create the fact sheets, definitions of the following concepts:

- Leading Practice, Promising Practice, Emerging Practice
- Quality of evidence, impact, applicability, transferability
- Service coordination, service integration, liaison
- Active offer

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¹ The self-assessment Tool is available in English and French and can be accessed at the following Web address:
https://www.grefops.ca/selfassessment_tool.html (English version)
https://www.grefops.ca/outil_autoevaluation.html (French version)

Practice #9: Primary Care Outreach to Seniors (Ontario)

This practice contributes to improving:

- The continuity of services provided in the official language in a minority situation between various sectors/departments of the organization;
- Interinstitutional coordination, liaison and integration mechanisms.

The organization implementing this practice:

The Champlain Local Health Integration Network (LHIN), Ontario.

The information contained in this fact sheet was mainly acquired from a telephone interview conducted in September 2017 with a manager at the Ottawa West Community Resource Centre, from individual or group interviews with a few managers (manager of Community Support Services, director of Primary Care and director of Health Services, Health Promotion and Chronic Disease Management), and with two service providers from the Primary Care Outreach program. These interviews were conducted between April and November 2015 for one of our team's previous studies.² The information was complemented by documentary research, and these sources are cited as references.

Background

Formal and informal partnerships contribute to maintaining the continuum of social and health services in the preferred language of seniors living in a linguistic minority context, between organizations, and within a given organization.

In Eastern Ontario, the Primary Care Outreach to Seniors program is a model of shared care³ provided in both official languages by eight community health centres and two community resource centres in the Champlain Local Health Integration Network. A Memorandum of Understanding has been established to define how partners work together.⁴

² Kubina, L., de Moissac, M., Savard, J., Savard, S., Giasson, F. (2018). Les services sociaux et de santé pour les personnes âgées francophones de l'Est ontarien et du Manitoba : Lignes directrices pour améliorer la continuité des services en français. GReFoPS, Université d'Ottawa. Retrieved from:
http://www.grefops.ca/uploads/7/4/7/3/7473881/int%C3%A9gral_services_sociaux_sant%C3%A9_pa_francophones_grefops.pdf

English version Retrieved from :

http://www.grefops.ca/uploads/7/4/7/3/7473881/complete_health_social_services_francoophone_seniors_grefops_29mar2018.pdf

³ A model of integrated healthcare delivery in which close collaboration among practitioners allows for the timely delivery of health and social services by the most appropriate practitioner. Key components of this flexible approach to service delivery includes quality collaborative working relationships, clarity and commonality of objectives, frequent communication among team members, a clear understanding and respect of individual roles and skills within the team. (Paquette-Warren, J., Vingilis, E., Greenslade, J & Newman, S. (2006). What do practitioners think? A qualitative study of mental health and nutrition primary care program. *International Journal of Integrated Care*, 6, e18).

⁴ Andrews, D. & Dickinson, S. (2016). *Primary Care Outreach: A Shared Care Model Offered from Eight Community Health Centres and Two Community Resource Centres in the Champlain LHIN*. Presented at Shift the Conversation: Community Health and Wellbeing Conference, June 2016, Richmond Hill, Ontario. Accessed on July 17, 2017. Retrieved from
[:https://www.aohc.org/sites/default/files/documents/E1_2_Together_we_are_stronger.pdf](https://www.aohc.org/sites/default/files/documents/E1_2_Together_we_are_stronger.pdf)

Objectives

This program aims to provide an integrated continuum of community-based services to individuals aged 65 and older and their caregivers who are vulnerable, isolated and at high risk of hospitalization. The objective is to allow seniors to stay healthy and live more independently in their own homes.⁵ In addition, the program seeks to avoid unnecessary emergency visits and hospitalizations.

The program assists in coordinating the required services and supports and in clarifying provider roles, thus facilitating transitions to other services. Case management, case coordination, and navigation are implemented on a long-term basis.

Features of the practice

The program supports seniors and their caregivers in accessing required social and health services (for example, food safety, housing, income, regulations, home care services, transportation, chronic disease education, social, physical and recreational activities).⁶ A case manager (either a nurse or community health worker) is in place to coordinate necessary services and supports, while also clarifying roles among service providers when needed, thus facilitating transitions to other services. The case manager designs, monitors and supports coordinated treatment plans, in a context of provider-client relational continuity. Since a medical referral is not required, any individual can make a referral to this service. Individuals who are eligible for the program are frail seniors, who have the following characteristics⁷:

- 65 years and older;
- no informal supports or inadequate supports;
- social isolation;
- risk of or signs of elder abuse;
- low income;
- language barriers and literacy issues;
- mental health concerns, signs of cognitive decline or diagnosis of cognitive impairment;
- signs of functional decline;
- polypharmacy;
- difficulties following through on care plans/navigating the system;
- frequently miss appointments.

The service is provided in English and French in several community health centres across the Ottawa area. In addition, through case management and navigation among services, the program facilitates access to existing French language services and to cultural interpretation.

Finally, a significant feature of this program for Francophones was identified in one of the initiatives implemented in an area of Ottawa that has a low proportion of Francophones. In this program, both workers, in addition to their interventions, take the time to actively seek and reach out to Francophone

⁵ South-East Ottawa Community Health Centre. (2017). *Primary Care Outreach to Seniors (PCO)*. Accessed on July 17, 2017. Retrieved from: <http://www.seochc.on.ca/programs-services/primary-care-outreach-to-frail-seniors-pco/>

⁶ Primary Care Outreach to Seniors brochure, accessed February 8, 2019 at https://www.eorc-creo.ca/img/PCO_Eng.pdf

⁷ Andrews & Dickinson, *op. cit.*

seniors (e.g. give talks in buildings where Francophone seniors live); this leads to Francophone senior's greater use of the program.⁸

Challenges

The greatest challenge related to French language health and social service continuity for Francophone seniors served by the Primary Care Outreach program is personnel availability and ability to deliver French language services.⁹ For example, across one of Ottawa's participating community health centres' territory, two workers provide services for nearly 300 to 345 seniors, all languages combined. Service providers then must choose between several priorities. While program staff must be bilingual, it can happen that one service provider assigned to a centre is less proficient than another. Where only one of the service providers is Francophone or bilingual, the opportunity to receive support in French depends on this person's workload.

Analysis¹⁰

Why is this practice considered innovative?

The purpose of this practice is to fill gaps in a complex and all too often fragmented health and social services system, where clients struggle to find services that are offered in French. Service providers who were met indicated that this resource deployment makes a significant difference because it provides them with an opportunity to identify Francophone seniors, deliver the services they need, provide support, long-term follow-up and referral to services the centre alone cannot offer.

The program is positively perceived by organizations that established it. While service integration for seniors with complex conditions has long been encouraged, these types of initiatives are still relatively new and scarce in many provinces.

Emerging, promising or leading: A promising practice

Quality of evidence: Thus far, the program implemented in Ontario has not been formally evaluated. However, it is perceived positively by the managers we have met. At the time of this analysis, a formative evaluation of this practice was underway.

Furthermore, similar programs intended for seniors have been researched. A meta-analysis of these studies reveals that preventive interventions in primary care aimed at seniors are associated with a 17% reduction of mortality and a 23% increase in the likelihood of seniors continuing to live in the community.¹¹

Impact: According to the managers and service providers who were met, this practice has positive

⁸ Kubina et al., *op.cit.*

⁹ *Ibid.*

¹⁰ This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, Retrieved from : https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Introduction and method document.

¹¹ Ploeg, J. et al. (2005). Effectiveness of preventive primary care outreach interventions aimed at older people: meta-analysis of randomized controlled trials. *Canadian Family Physician*, 51(9), 1244-1245.

impacts on healthcare system performance and on seniors, since the long-term follow-up of frail seniors ensures that they can enjoy a better quality of life while fostering more appropriate use of health resources.

Applicability: The practice is currently implemented in eight community health centres and two community resource centres in the Champlain LHIN, in Ontario.

Transferability: Since its beginning in 2009, the program was progressively extended in the Champlain LHIN region. It is plausible to consider that it would be transferable and achieve similar results in regions with comparable characteristics to those found in Eastern Ontario.