

HEALTHLINK 8-1-1



**Nova Scotia
partners to
provide better
access to care**

submitted by McKesson Canada

The Nova Scotia Department of Health (DoH), its district health authorities and the IWK Centre share an important mission: to empower individuals, families, partners and communities to promote and maintain the health of Nova Scotians. DoH sets strategic direction by leading needed health system changes through funding district health authorities and managing and supporting all provincial programs.

As part of a concerted effort to reduce reactive, episodic care and increase high quality proactive care across the entire provincial system, the department identified several priorities including: health promotion, seniors' care, primary health care, support for health professionals and investment in technology.

In 2009, DoH decided to implement a province-wide telecare service to support the primary health care system, enhance the public's accessibility to health services and education and help patients cope with non-urgent health problems. The service would also determine the most appropriate place and time to seek care, including the option of self-care. It was expected that the information provided to patients would be clinically sound, Nova Scotia-appropriate and easily accessible from anywhere in the province, 24-hours-a-day, 7-days-a-week. Another important goal of the telecare service was to forge a connection between the service and primary care providers, 911, emergency departments, walk-in clinics and other community based programs.

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A business case was developed by DoH to consider how best to meet its telecare objectives. DoH decided to use an RFP process to select an operator to provide this provincial service. McKesson Canada demonstrated that it had the ability and resources – as part of the company’s CareEnhance solutions – to provide the service, including telecare clinical expertise, decision-support software, and technology and communications systems infrastructure and hardware. McKesson Canada was selected by the DoH as its preferred vendor.

The company had an extremely tight timeframe, from contract signing in March to the live date in July.

“In four months, our team planned and implemented all the structures, systems, processes and networks required to support Nova Scotia’s first province-wide telecare program,” said Lois Scott, vice president, CareEnhance Solutions, McKesson Canada. “This included the selection and hiring of 70 clinical and administrative/support staff, and the development of our orientation and coaching programs. We designed and installed all the communications and information technology to meet the province’s needs; designed and tested the operational and clinical processes; conducted a total review of the clinical content contained within the decision support software and other databases; and developed policies and procedures, a quality improvement program and the reporting package,” she said. McKesson Canada also built a new office, attended outreach sessions with stakeholders, and established a work-at-home system, which meant developing the systems for,

and installing equipment in the residences of, the approximately 40 home-based nurses.

The end result is a comprehensive telecare service called HealthLink 811, which provides Nova Scotians ready access to skilled and competent nurses who are supported by computer hardware, clinical decision support software, a robust telephone system, proven clinical processes and policy direction. HealthLink 811 provides access – by dialling 811 – to a reliable source of non-emergency symptom assessment, health information and community based health care services. (Hearing impaired clients can access the same service by dialing 711.)

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The new system's three core services include:

1. Symptom Assessment (Triage)

When a patient calls with a symptom, a registered nurse assists the patient to assess the problem and suggests an appropriate place and time to seek further care. This can be a family doctor's office, 911 ambulance dispatch, emergency department or still other primary care services. In many instances, patients are not referred to another source of health care, but receive self-care advice and reassurance so they can care for themselves or family members at home.

2. Health Information

The nurses answering HealthLink 811 calls act as educators as well as interpreters of health information. A member of the public might call to request information about immunization clinics in Nova Scotia or

about a particular disease, such as the incubation period of measles.

Patients might also use HealthLink 811 to clarify something that was reported in the media or that a health provider told them. For example, a patient may go to their doctor and be warned of a serious cholesterol problem. Later, if the patient wonders 'What's good cholesterol and bad cholesterol?' they can quickly get help interpreting this by calling 811. The decision support software behind the service in fact offers users access to information on over 1,000 health information topics. A caller can hear these over the phone directly from a nurse or through an audio health library. This information can be sent to patients via fax, email, regular mail or can be accessed on the HealthLink 811 website <http://nshealthlink811.ca/>.

3. Health Services Database

This is the database that HealthLink 811's nurses have readily available, which lists health services across the province. This means any Nova Scotian can contact 811 to find the location and hours of service of community-based pharmacies, or the contact information for a specific self-help support service, such as an Alzheimer's support group.

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McKesson Canada is also responsible for outreach with all of the stakeholders in the province, including, among many others, professional groups, district health authorities and non-governmental health agencies. The company also provides the province with a comprehensive set of outcome and operational

reports. “HealthLink 811 data can serve as an important component for the province’s syndromic surveillance process and as an indicator of health concerns of the patients who use the service from different regions of the province,” said Scott.

Nova Scotians have responded positively to the telecare service. HealthLink 811 staff answer an average of 250 calls a day, providing users with important healthcare advice and assistance.

In October, McKesson Canada and HealthLink 811 were thrown a major curve ball with the emergence of – and resulting extraordinary service demand – the H1N1 flu, only two-and-a-half months after HealthLink 811’s launch. Since every piece of public information originating from DoH and Health Promotion and Protection Branch pointed to 811 as the number to call for H1N1 information and symptoms – by design – call volumes at HealthLink 811 jumped from 250 on October 26 to 2,800 the next day. The following two days saw call totals of 3,500 and 4,300 respectively. Nova Scotians blitzed the service with questions about clinic opening hours and locations, eligibility criteria for vaccinations, and queries around the vaccine itself. Many others called regarding H1N1-related symptoms.

Fortunately the software system and communications/technology infrastructure allowed the McKesson Canada team quick access to the information and resources required. Operational and clinical processes were swiftly re-designed, new staff was hired and templates were built for H1N1-specific reports. The company tapped

into nurses and health educators from its specialty pharmacy group in Toronto to handle calls as well as hiring more Nova Scotia-based nurses. McKesson’s Toronto-based telephony experts designed an automated health library system to provide basic information about immunization clinic locations and other information for Nova Scotians.

Feedback on the effectiveness of HealthLink 811 has been very positive, according to data gathered from users. Ian Bower, executive director of Primary Health Care and EHS with the Nova Scotia Department of Health, said other government departments, such as the Department of Health Promotion and Protection, which relied heavily on the HealthLink 811 service during H1N1, offered “consistently positive reviews.” “The health authorities, who are the service deliverers in our province, have offered high praise as well,” he said.

There are many potential savings associated with a system like HealthLink 811, not only around increased provincial efficiencies. For patients, being able to make a free call from home cuts down on parking, babysitting expenses and time off work. It can also bring peace of mind in a time-sensitive manner, instead of uncertainty and anxiety over health concerns.

HealthLink 811 dealt so capably with the extraordinary demands brought on by H1N1 that other provincial telephone-based services have begun looking at how they can integrate with the 811 service. “We’re considering adding to the scope of the HealthLink service beyond what we are doing today. We’re also looking into other strategic

collaborations and program partnerships, if they can exist,” said Bower.

Actually, the fact that HealthLink 811 became the go-to service for handling H1N1 questions has spurred a recent effort by the province to rebrand it, in order to remind the public that it can – and does – satisfy a much broader scope of patient demands.

Meanwhile, the working relationship that has developed between McKesson Canada and the DoH continues. “It seems that within a short period of time

we have become a trusted partner of our client, the DoH, and have come to be respected for having significant expertise in the delivery of telecare services,” said Scott.

“We’ve been very pleased with the level of commitment and dedication shown,” said Bower. “They always meet and have often exceeded our service delivery expectations. We’ve been very appreciative of the leadership and commitment to this service through McKesson Canada. Getting through these daunting times at the height of H1N1 was a major achievement.” 

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