Integration of Care: International learnings from case studies

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7 years of international case studies:

1. 7 country study of integrated care programs. c.2014

2. 9 case studies of integrated care in Ontario, Quebec & New Zealand. c.2014-2018

3. 30 programs in 11 countries that address needs of high costs high needs patients c.2019
My emphasis is on integrating health and social care services to meet the needs of individuals with complex health and social needs in community settings.

What have we learned from our work?
What do I mean by Integrated Care?

Ideal models of integrated community-based primary health care are comprehensive, person-oriented, inclusive of carers and family, health promoting, strengths-based, and without a singular disease focus. They also address problems of inequity in health and risk across population sub-groups.

Wodchis et al., IJIC 2018
International Learning 1: Programs

Captured:
- Essential program components
- Model descriptions
- Information management
- Involvement of Providers
- Approaches to Care
- Engagement of Users
- Results
- Policy Enablers

Goodwin et al., 2014
1. Focus on clinical integration rather than organizational or structural integration

2. Success appears to be related to good communication and relationships among those receiving care and the professionals and managers involved in delivering care

3. Effective models employ multidisciplinary teams with well-defined roles and joint responsibility for care

Wodchis et al., IJIC 2014
Integrating care:

– Is a bottom-up initiative that coordinates care at the local level for shared patients.
– Is enabled by system-level priorities, funding and technological supports that enable and remove barriers to sharing information and care.
– Takes time, and is an ongoing process, expanding the horizons of what kinds of care is integrated and expanding the focus from individual to population health.

Wodchis et al., IJIC 2014
International Learning 2

• implementing Integrated Care for Older Adults with Complex Health needs (iCOACH)

• 3 case studies in 3 jurisdictions

• 600+ interviews with patients, caregivers, providers, managers/leaders and policy makers.

• To understand how to implement integrated care programs.
• **Ontario Policy:**
  
  • Ontario interprofessional primary care includes ~ 100 Community Health Centres & ~ 185 Family Health Teams covering ~ 30% population; otherwise physician practices.
  
  • Fairly comprehensive funding of home and community services.
  
  • Ontario would seem to have in place all the elements of a broad continuum of primary health care, these different elements continue to operate relatively independently with no overall coordinating strategy and few mechanisms to integrate client care across providers and settings.

Tenbensel et al., IJIC 2017
Quebec Policy:

- Early aims to integrate health and social services into community health centres.
- Later promotion of primary care practices in Family Medicine Groups with additional health service providers (e.g. nurses & nurse practitioners).
- Now 22 regional Integrated Health and Social Service Centres.
- Structural integration of several components of continuum of care does not mean the services are well integrated.

Tenbensel et al., IJIC 2017
New Zealand Policy:

- 20 District Health Boards responsible for planning and delivery or contracting of comprehensive health services (from community to specialist care) in their geographic regions.
- DHBs have multiple alliances with 32 Primary Health Organizations who contract with primary care (general practice) physicians.
- The most promising initiatives for integration have been through Maori Whāiao Ora initiatives with joint Maori community and institutional providers.

Tenbensel et al., IJIC 2017
• Ending Reflections:
  
  • Policy contexts can provide financing and incentivise local providers to collaborate and work together.
  
  • Policy requirement for shared care planning (as in Quebec) provide a top-down strategy to integrate care.
  
  • Integration itself is a bottom-up initiative built upon trusting relationships enabled through co-design and co-delivery.
Captured:

- Essential program components & innovations + Policy Enablers
  - 30 programs
  - 11 countries

Battacharyya et al., Health Affairs 2019
Wodchis et al., Health Affairs 2019
International Learning 3: Program Elements

Segmentation

Coordination

Patient and caregiver engagement
International Learning 3: Program Elements

Segmentation
- Eligibility criteria
- Recruitment

Coordination
- Program Intake Assessment and Planning
- Coordinating Health and Social Care

Engagement
- Support for Shared Decision Making
- Support for Patient Self Management
- Support for Caregiver Supports
## International Learning 3: Policy

<table>
<thead>
<tr>
<th>Top Down</th>
<th>Bottom Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bundled budgets</td>
<td>+ Local discretion in spending</td>
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<tr>
<td>Revised staffing models</td>
<td>+ Local role adaption</td>
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<tr>
<td>Inter organizational governance &amp; accountability mechanisms</td>
<td>+ Local partnerships</td>
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<tr>
<td>Rigorous external evaluation</td>
<td>+ Local quality improvement</td>
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International Learning 3: Policy

1. Recognize the importance of addressing the agenda of integrated care for populations with complex needs.
2. Provide stimulus through funding or other means to support the development of local initiatives to improve care.
3. Avoid a top-down policy that requires structural or organizational mergers at the outset.
4. Remove barriers that make it more difficult for providers to integrate care, such as differences in financing and eligibility of patients for needed care.
Integrating Care: International Learnings

Key Take-aways:

• Care integration is realized at the patient and provider level.

• Improving integration requires resilient trusting relationships between patients, caregivers and providers, and amongst providers with managerial and leadership support across distinct organizations.

• Providers and patients suffer from inertia and require stimulation to break out of existing patterns.

• Policy priority, resources and supports are accelerants.
Integrating Care

Thank You!

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