Integration of Care:
International learnings from case studies

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Health System
Performance
Network

International Learning

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

Integrating Care

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 ?

Integrating Care

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

The King's Fund HSPRN

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January 2014

Providing integrated care for older people with complex needs
Lessons from seven international case studies

Key messages

- Integrated care is a process that must be led, managed and nurtured over time. Initiatives often have to navigate and overcome existing organisational and funding silos.
- There is no single organisational model or approach that best supports integrated care. The starting point should be a clinical/service model designed to improve care for people, not an organisational model with a pre-determined design.
- Fully integrated organisations are not the end (goal).
- Greater use of ICT is potentially an important enabler of integrated care, but is not a necessary condition.
- Professionals need to work together in multidisciplinary teams (with clearly defined roles) or provider networks – generalists and specialists, in health and social care. However, patients with complex needs that span health and social care may require an intensity of support that goes beyond what primary care physicians can deliver.
- Important service-level design elements of care for older people with chronic and multiple conditions include holistic care assessments, care planning, a single point of entry, and care co-ordination.
- Success is more likely where there is a specific focus on working with individuals and informal carers to support self-management.
- Personal contact with a named care co-ordinator and/or case manager is more effective than remote monitoring or telephone-based support.

1 © The King's Fund 2014

Captured:

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

Goodwin et al., 2014

International Learning 1 : Programs

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

International Learning 1 : Programs

- **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)**


International Journal of Integrated Care

Special Collection

iCOACH. Implementing Integrated Care for Older Adults with Complex Health Needs

Collection launched: 27 Jun 2017

Health and social care systems across the world are being challenged to meet the needs of an increasing number of people aging with multiple complex health and social needs. Integrated community based primary health care (ICBPHC) has been associated with better population level outcomes and lower system level costs and may be well suited to address the increasingly complex needs of populations; however implementation of ICBPHC faces many challenges. In this issue, we report on a large international research team collaborating to complete 9 interdisciplinary case studies, focused on the implementation of ICBPHC. The research team consists of patients and carers, clinicians, policymakers, and researchers. Exemplary cases of organizations that have successfully integrated CBPHC from Ontario, Quebec and New Zealand were studied using a mixed-method case study approach focusing on 4 analytic levels: Patient/carer, health care providers, organizations, and policies. The key question is "What are the steps to implementing innovative integrated community-based primary health care models that address the health and social needs of older adults with complex care needs?" and will be answered in three phases. The final output of the program will be a comprehensive guide to the design, implementation and scaling-up of innovative models of ICBPHC. Edited by Nick

- 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.

International Learning 2: Policy

- **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

International Learning 2: Policy

- **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

International Learning 2: Policy

- **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 Whānao Ora initiatives with joint Maori community and institutional providers.

Tenbensel et al., IJIC 2017

International Learning 2: Policy

- **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.

Tenbensel et al., IJIC 2017

International Learning 3

INTEGRATING SOCIAL SERVICES & HEALTH

By Onil Bhattacharyya, James Shaw, Samir Sinha, Dara Gordon, Simone Shahid, Walter P. Wodchis, and Geoffrey Anderson

Innovative Integrated Health And Social Care Programs In Eleven High-Income Countries

ABSTRACT High-income cou
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and behavioral risk factors). Alth
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ulation, they account for a large pr
the expenditures of the health and
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high-needs people often rely extensi
ily members and friends as unpaid
Reports from the United States,
and European countries[3] have con
these high-needs populations are no
by fragmented health and social s

INTEGRATING SOCIAL SERVICES & HEALTH

By Walter P. Wodchis, James Shaw, Samir Sinha, Onil Bhattacharyya, Simone Shahid, and Geoffrey Anderson

Innovative Policy Supports For Integrated Health And Social Care Programs In High-Income Countries

ABSTRACT As high-income countries face the challenge of providing better and more efficient integrated health and social care to high-needs and high-cost populations, they may require innovative policy supports at both the national and local levels. We categorized policy supports into four areas: governance and partnerships; workforce and staffing; financing and payment; and data sharing and use. Our structured survey of thirty integrated health and social care programs in high-income countries in 2018 found that the majority of programs had policy supports in two or more areas, with supports for governance and partnerships and for workforce and staffing being the most common. Financing and payment and data sharing and use were less common. Local partnerships empowered integration across sectors, and new staff roles that spanned health and social care embedded this integration in care delivery. National policies—including bundled financing and investment in data—enabled integration and cross-sector accountability.

H igh-income countries face the daunting challenge of managing increasingly constrained health and social care budgets. A common driver of this challenge is the fact that a relatively small proportion of the population lives with complex health and social care needs and accounts for a substantial proportion of government and private-sector health and social care spending.[1,2] This concentration of spending suggests an opportunity for countries to better manage their budgets by focusing efforts on delivering more cost-effective integrated health and social care services for their high-cost populations. The extensive needs of these populations provide an opportunity to create real value through focusing on better outcomes and experiences for these patients and their caregivers.

A recent US National Academy of Medicine report recognized the policy challenge inherent in responding to this opportunity, stating that "improving the care management of high-need patients will require bold policy action and system and payment reform efforts by a broad range of stakeholders at multiple levels."[3] The value of shared learning related to these policies was highlighted in a recent report by an international expert panel.[4] This article focuses on understanding the innovative policies that national, regional, and local policy makers have used to support the development, spread, and scale of thirty integrated health and social care programs in eleven high-income countries.

The framework we used to describe these policy supports draws on the National Academy of Medicine report[3] as well as frameworks for integrated care developed by the European SELFIE project,[5] the World Health Organization's Framework on Integrated, People-Centred Health Services,[6] and a recent Canadian policy commentary.[7] We synthesized the core insights

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Captured:

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

Battacharyya et al., Health Affairs 2019
Wodchis et al., Health Affairs 2019

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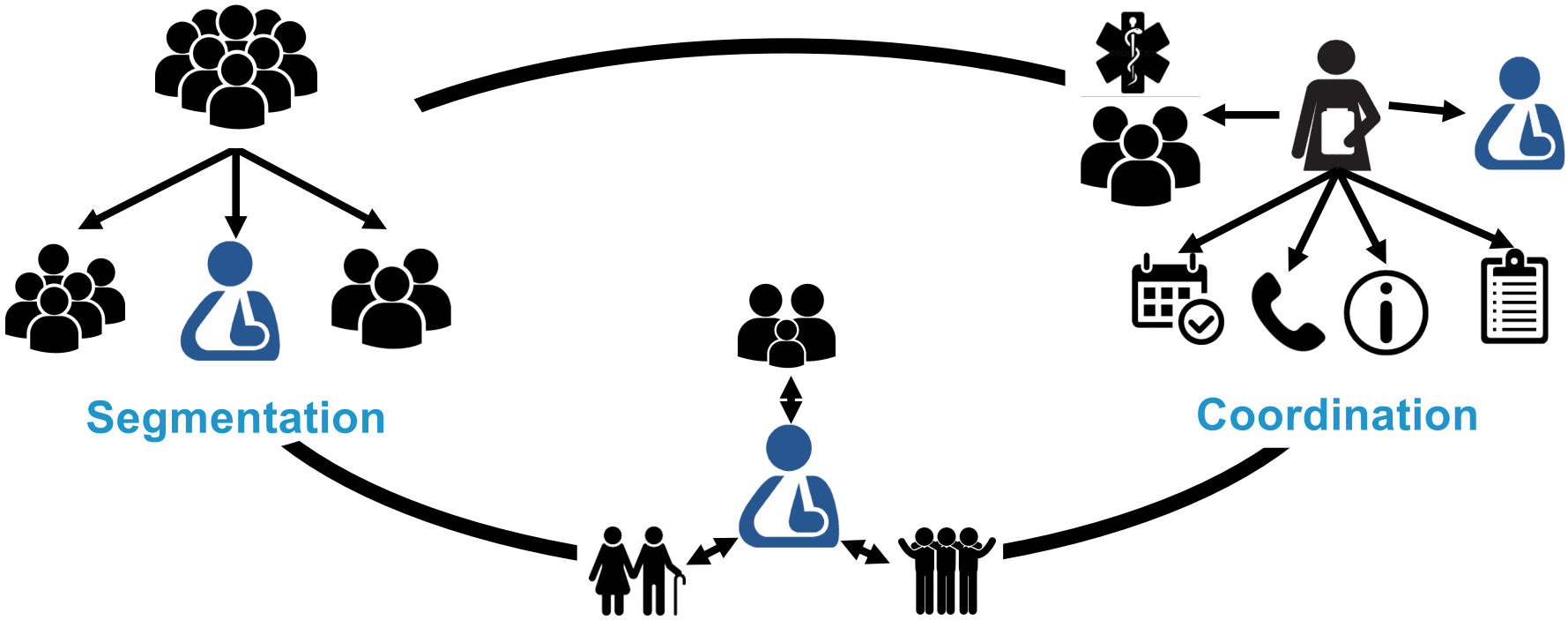
International Learning 3: Program Elements



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

	Top Down		Bottom Up
	Bundled budgets	+	Local discretion in spending
	Revised staffing models	+	Local role adaption
	Inter organizational governance & accountability mechanisms	+	Local partnerships
	Rigorous external evaluation	+	Local quality improvement

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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