



**THE CHANGE FOUNDATION**  
HEALTH CARE DESERVES OUR FINEST THOUGHT

# **The Change Foundation**

## **Integration Research Agenda**

**Updated June 2009**

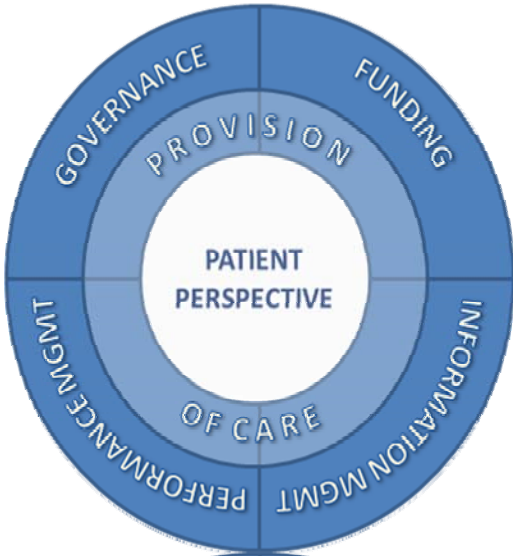
## Introduction

The Change Foundation’s strategic plan has three strategic priorities – integration, quality improvement in home and community care, and informed public dialogue.

The integration research projects are designed to provide information, data and commentary to support the Foundation’s policy syntheses. The Change Foundation will provide strategic advice to Government, the Local Health Integration Networks (LHINs), and health service providers on improving health system integration within the Ontario model.

During the first two years of the Foundation’s 2007-2010 strategic plan, our integration research projects were building a base upon which we would be able to form policy advice on integrated health systems. Our advice was predicated on a number of research initiatives.

One of our first products was the development of a framework for understanding health system integration.<sup>1</sup> This conceptual work on integration is foundational to The Change Foundation’s integration research agenda:



**Patient Perspective:** *Integrated health systems are patient focused. Organizational processes consider the needs of patients and their families, are easily navigated especially across care transitions, and provide patient choice.*

**Provision of Care:** *Care is provided by multidisciplinary teams with members having clear understanding of their roles and decision authority for patient care. Standardized care models with evidence-based clinical guidelines and protocols, umbrella organizational structures, and provider networks with standardized referral procedures, service agreements, joint training and shared information systems support successful health system integration.*

**Governance Structure and Authority:** *A strong governance model - with decision-making authority, clear accountabilities, shared risk, real*

*opportunities for patient / community involvement in decision-making, rostering within a geographic governance area - impacts health system integration.*

<sup>1</sup> This framework evolved from Suter et al (2007), and a presentation by Cathy Fooks, CEO of The Change Foundation, on January 25, 2008 available at [www.changefoundation.ca/presentations.html](http://www.changefoundation.ca/presentations.html)

**Funding Mechanisms and Incentives:** *A population-based funding formula, applied equitably, with programmatic funding dedicated to specific, priority services contributes to successful health system integration. Comprehensive coverage - for services across the primary, secondary, tertiary, health promotion and population health continuum – and alignment of financial incentives have been identified as critical components of successfully integrated health systems.*

**Performance Management:** *Integrated health systems aspire to continuous quality improvement - performance goals are explicitly defined, and there is a coordinated and aligned approach to setting, delivering and monitoring standards. The public has access to information on the performance of the health system – health outcomes, patient and caregiver experience, provider performance, organizational performance, and inter-organizational performance.*

**Information Management:** *Investments in information technology, information management systems and communication mechanisms facilitate integrated service delivery along the continuum of care. The patient experience in navigating a health system can be vastly improved through electronic health records, and other electronic systems. Integrated information and communication systems are especially critical when providers are not co-located.*

A second initiative was the launching of the Foundation's international case study series. We wanted to learn from other jurisdictions that have undertaken reforms to achieve integrated, high quality, accessible and sustainable systems for health promotion, disease prevention, and care management. We released the first in a series of case studies on integrated health-care systems – [Integrated Health Care in England: Lessons for Ontario](#). We used the framework described above to summarize health system reform initiatives in the English National Health Service (NHS) and extract lessons for Ontario.

A third focus was to better understand patients' and their caregivers' perspectives on how well the health system is integrated. We wanted to better understand how easy or challenging it is for patients to navigate the health system – i.e., whether there is a clear plan for what happens next, whether members of the care team within and across health care organizations communicate with each other and with the patient, whether tests and diagnostic results were accessible in a timely fashion, whether up-to-date, relevant information followed the patient through the parts of the system. We commissioned a literature review of patient and public experiences and expectations of integration. And we sponsored focus groups with patients and caregivers to elicit their views of and experience in navigating through the health system. Feedback from focus group participants highlighted issues related to service repetition, redundancy and delay, worries about communication between providers, and concerns about [overall coordination of their care](#) - problems and concerns that were exacerbated at points of transition.

Finally, we wanted to better understand Ontario's devolved health system under the Local Health Integration Networks (LHINs), and the experience of other regional health systems which could have implications for integration in Ontario. The Foundation commissioned a health law and policy firm to produce [a plain-language guide to the key elements of the provincial legislation governing the LHINs](#). And we hosted [an](#)

[invitational exchange event](#) that focused on integration lessons for Ontario from more than a decade of regionalized health care in jurisdictions across the country.

## **Moving Forward – Plans for 2009-2010**

In the final year of this strategic plan (2009-2010), The Change Foundation will be more focused on understanding what is actually happening in Ontario now that integration efforts are proceeding. The Integration research projects are grouped under three categories which have evolved from the research initiatives completed in the first two years of the 2007-2010 Strategic Plan (as described above): (i) learning from other jurisdictions; (ii) views of patients and providers; and (iii) understanding Ontario-based solutions.

### **1. Learning From Other Jurisdictions**

#### **(i) International Case Studies**

The purpose of presenting international case studies is to summarize health system reform initiatives, profile innovations and successes in achieving the goals of integration, and extract lessons for a well-integrated health system in Ontario. The Foundation will continue with its international case study series in 2009-2010.

Denmark is expected to be the focus of the Foundation's second international case study. Denmark is a jurisdiction of interest due to its emphasis on patient-centred primary care, strong linkages between primary and secondary care, and large investment in interoperable health information technology systems to support care coordination.

#### **(ii) Funding Allocation and Payment Models for Care Integration**

The Foundation wants to examine allocation and payment models and incentive programs that support and enable integrated, high quality care for patients across the care continuum. Research literature tells us that one of the barriers to achieving successful integration is financial models that are not aligned which end up creating disincentives for integration. We also know that incentives for one provider may be incongruent with incentives inherent in another provider's payment mode.

The research project will investigate – through mapping and case studies - the funding levers and incentive supports, and policy / regulatory barriers that impact the provision of integrated, coordinated care for patients as they journey along the care continuum. The project will investigate initiatives and innovations that have been experimented with in other jurisdictions or on a small scale within our own jurisdiction – what were the results of those initiatives / innovations? What were the outcomes? Were there

unintended consequences? The Foundation will facilitate debate and dialogue amongst senior decision-makers, planners, researchers, provider organizations on the merits, application, and risks of innovative allocation and payment models in Ontario. The Foundation will summarize findings and develop options that are applicable to Ontario.

## **2. Views of Patients and Providers**

### **(i) Understanding the Views of Providers on Integration**

In 2009, the Foundation will focus on trying to understand the views of providers providing services in the home and community. The Foundation will develop a survey to query case management staff and front line providers in the home and community sector (e.g., home care nurses, personal support workers, rehabilitation therapists, social workers, respiratory therapists, etc.) about their experience and views on providing integrated care within the health system.

The survey will probe similar themes that were investigated in the patient and caregiver focus groups. The Foundation will juxtapose the findings from our patient groups with provider views on system integration – are they similar or different to the views of patients? If their views about a well-integrated health system are different, why is that the case? If similar, what needs to be done?

## **3. Understanding Ontario-based Solutions**

### **(i) Policy Synthesis**

In 2009, The Change Foundation will release its first policy brief which will provide an update, assessment and analysis of the integration and devolution of health care in Ontario, with a focus on the Local Health Integration Networks (LHINs). The brief will draw lessons from the first thirty months of the LHINs' experience, and will also draw from lessons learned about regionalization and integration in the rest of Canada and in other countries. The brief will be a synthesis of work undertaken and commissioned by the Foundation, meetings and seminars, and consultations with LHINs, Ministry officials, academics and provider organizations. The policy brief will present an analysis of where Ontario currently stands and present actions for consideration in support of an integrated, high quality, accessible health system in Ontario.

## **Concluding Comments**

The Change Foundation will be renewing its 2007-2010 Strategic Plan in early 2010. The Foundation plans to release a Strategic Plan for 2010-2013 in April 2010. It is anticipated that the current three strategic priorities – integration, quality improvement in

home and community care, and informed public dialogue - will remain. The renewal process will provide input into the priorities and possibilities for the evolution of the Foundation's Integration Research Agenda.