

Topic Overview

Designing Integrated Approaches to Support People with Multimorbidity in Ontario

Stakeholder Dialogue 21 October 2013

The McMaster Health Forum convened a stakeholder dialogue on the subject of designing integrated approaches to support people with multimorbidity in Ontario. With the support of the the Canadian Institutes of Health Research (CIHR), through an expedited knowledge-synthesis grant, the Ontario Ministry of Health and Long-Term Care, through a Health System Research Fund grant entitled ‘Harnessing Evidence and Values for Health System Excellence’, and McMaster University’s Labarge Optimal Aging Initiative, the dialogue brought together 21 participants – three policymakers, nine managers (a number of which are involved with Health Links), three providers, five researchers, and one from a disease-based society – to examine the problem, elements of a comprehensive approach for addressing it, and key implementation considerations.

Deliberation about the problem

Dialogue participants generally agreed on the main components of the problem, namely the growing impact of multimorbidity on the health system, the complexity of living with multimorbidity, the difficulties with self-management and treatment, and system-level challenges that are not supportive of integrated and comprehensive approaches to care. While there was agreement on these core components of the problem, three additional considerations emerged through the deliberations among participants, which included: 1) a lack of clarity about the target population for integrated approaches (e.g., people with or at-risk of multimorbidity, low-income people with multimorbidity, complex and vulnerable patients or high-needs patients); 2) a lack of clarity about the goal of addressing the ‘problem’ of multimorbidity (e.g. a goal in itself versus a means to the end of strengthening primary care versus a means to the end of improving the patient journey); and 3) the lack of focus on the full patient journey and the resulting missed opportunity for prevention and for providing person-centred care more generally.



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The views expressed in the issue brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.





Participants drawn from government and from health, professional and research organizations gather during a McMaster Health Forum event on 21 October 2013

Deliberation about an approach

Dialogue participants were supportive of each of three elements of a more comprehensive approach to providing integrated supports to people with multimorbidity. The deliberations made clear that in pursuing any or all of the elements, the status quo in the health system is not an option. For developing integrated models of care (element 1), it was emphasized that there is a need to: 1) support bottom-up, person-centred approaches to developing flexible models of care; 2) focus on how to scale up successful approaches; and 3) build the capacity of health professionals to participate in such models and to work towards their full scope of practice. In terms of the identification and use of guidelines (element 2), participants agreed that disease-focused guidelines are not supportive of the types of care and supports needed by people with multimorbidity. Instead, a person-centred approach that focuses on identifying patients', caregivers' and families' goals was highlighted as being optimal. Lastly, participants emphasized the need to support the development and use of self-management tools and resources (element 3) that: 1) are developed through partnerships between provider and citizen groups; 2) include more proactive approaches (e.g., skill building, direct supports for behaviour change, and supports for system navigation); and 3) use social media and other forms of technology to reach more people.

Deliberation about next steps

In the view of dialogue participants, key implementation features for such an approach include: 1) collaborating within teams and across 'silos'; 2) engaging patients, caregivers and families; 3) designing funding approaches that are supportive of models of care for people with multimorbidity; and 4) making better use of electronic medical records and computerized clinical decision support. Dialogue participants identified several steps that should be taken going forward, including: 1) 'staying the course' by continuing to support bottom-up, person-centred approaches to developing models of care; 2) supporting the development of evidence-based guidance that providers can draw on to achieve goals set by patients; 3) embracing innovative and collaborative approaches to supporting self-management; and 4) articulating a research agenda to address terminology issues and the many unanswered questions in this domain.

Dialogue deliverables

To learn more about this topic, consult the [issue brief](#) that was presented to participants before the dialogue, the [summary](#) of the dialogue, and [view or listen to the interviews](#) with dialogue participants. For an electronic copy of the issue brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.



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