



International Foundation
for Integrated Care
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HSPN



Health System
Performance
Network



How Does Policy Support Integrated Care? International Examples, Ontario Practice.

February 27th 2024 from 12:00 – 1:30 PM EST

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We acknowledge the land on which we are hosting this meeting is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

We acknowledge that Canada is home to many diverse First Nations, Inuit and Métis peoples, and that each of you are joining us from one of those many traditional and treaty territories.

We are grateful to be able to come together in this way.



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Making It All Happen



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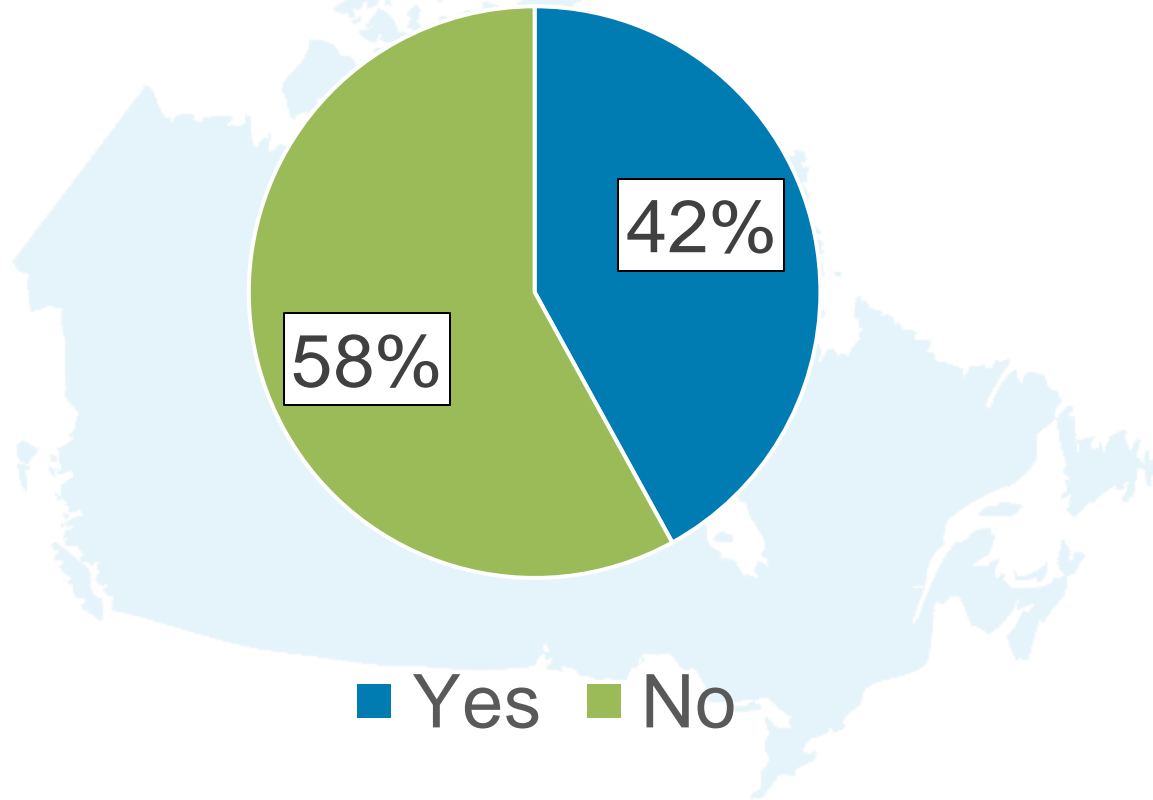
Miriam Galvin



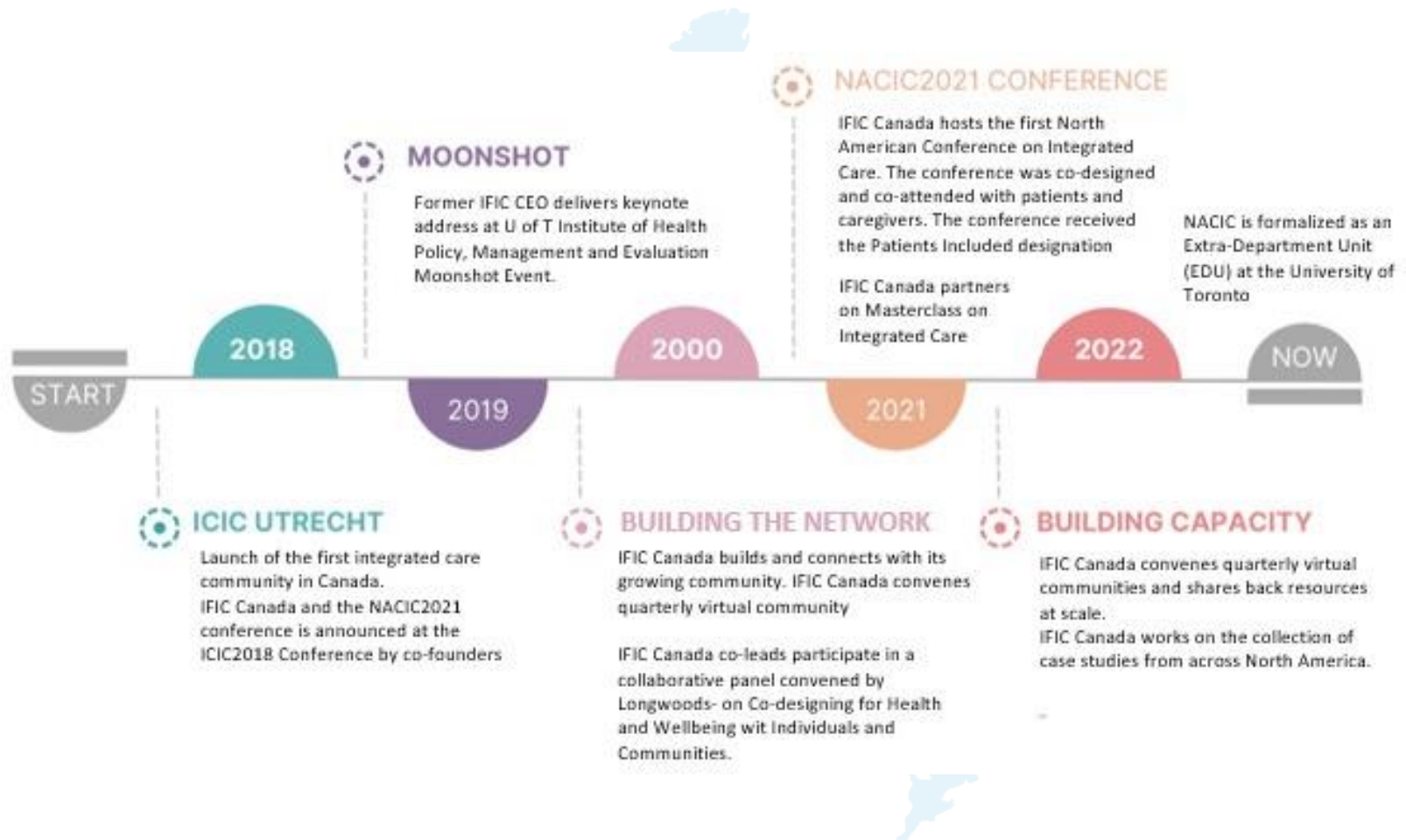
Fiona Lyne
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Poll Results: We'd Like to Know...

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Conference on
Integrated Care

15-17 October 2024
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Today's Topics

1. Policy Supports for Integrated Care in 4 Jurisdictions

- ❖ Germany, England, Netherlands, United States
- ❖ Legislation, Accountability and Financing are common policy initiatives
- ❖ Improvements in data, policy entrepreneurs and implementation supports are critical enablers

2. International informant panel

3. A Canadian Example: Ontario Health Teams

- ❖ Challenges faced by OHTs and policy stakeholders in advancing the OHT model.
- ❖ Setting direction; transformation levers; Local priorities vs standardization; funding and system roles and relationships.



Meet Today's Speakers



Sara Allin
Professor, IHPME
North American
Observatory on Health
Systems and Policy



Stefanie Tan
IHP Post-Doctoral
Fellow, IHPME
North American
Observatory Health
Systems and Policy



Camille Oung
Fellow at the NIHR School
for Social Care Research
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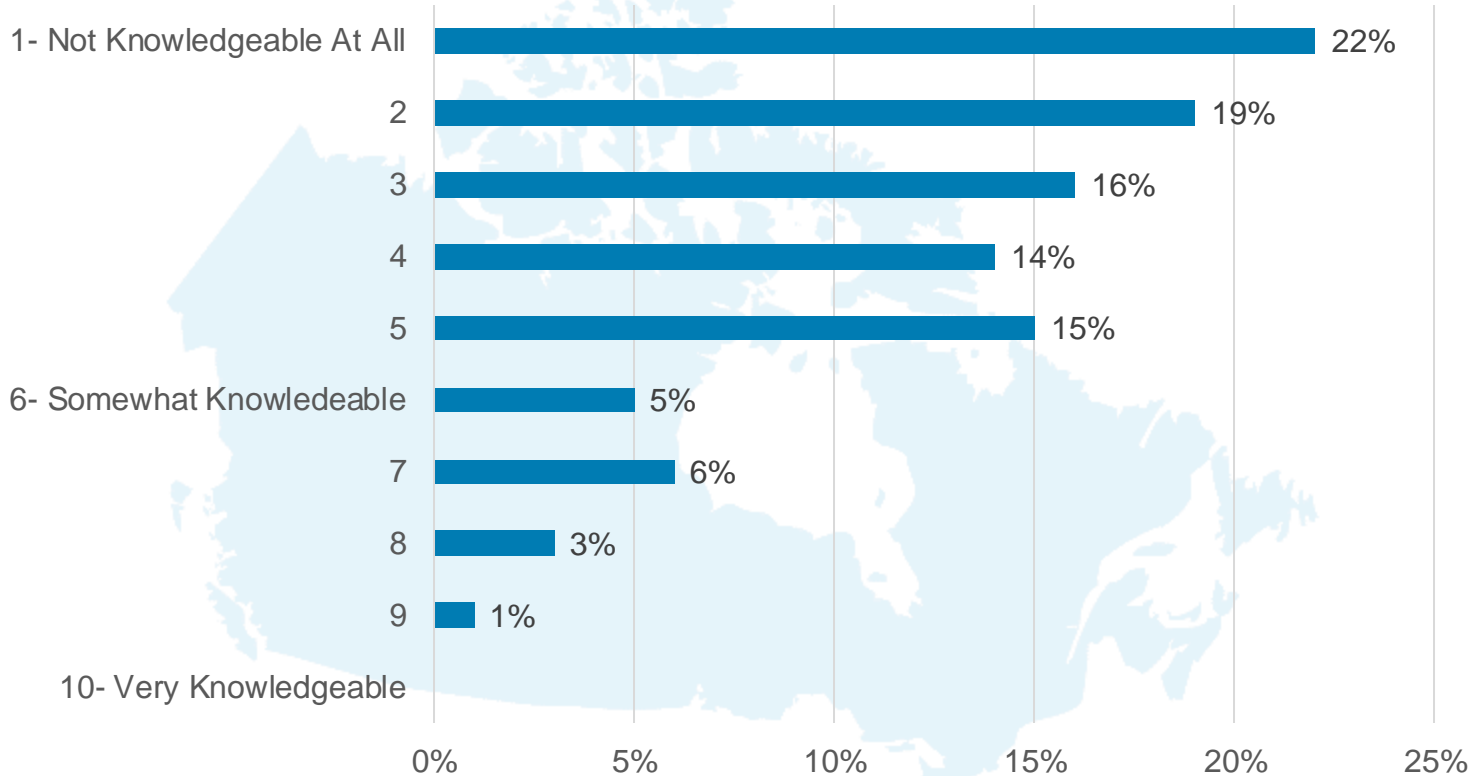
Viktoria Stein
Co-founder and co-CEO of
VM Partners Integrating
Health and Care



Gaya Embuldeniya
Anthropologist,
Qualitative Researcher
at HSPN

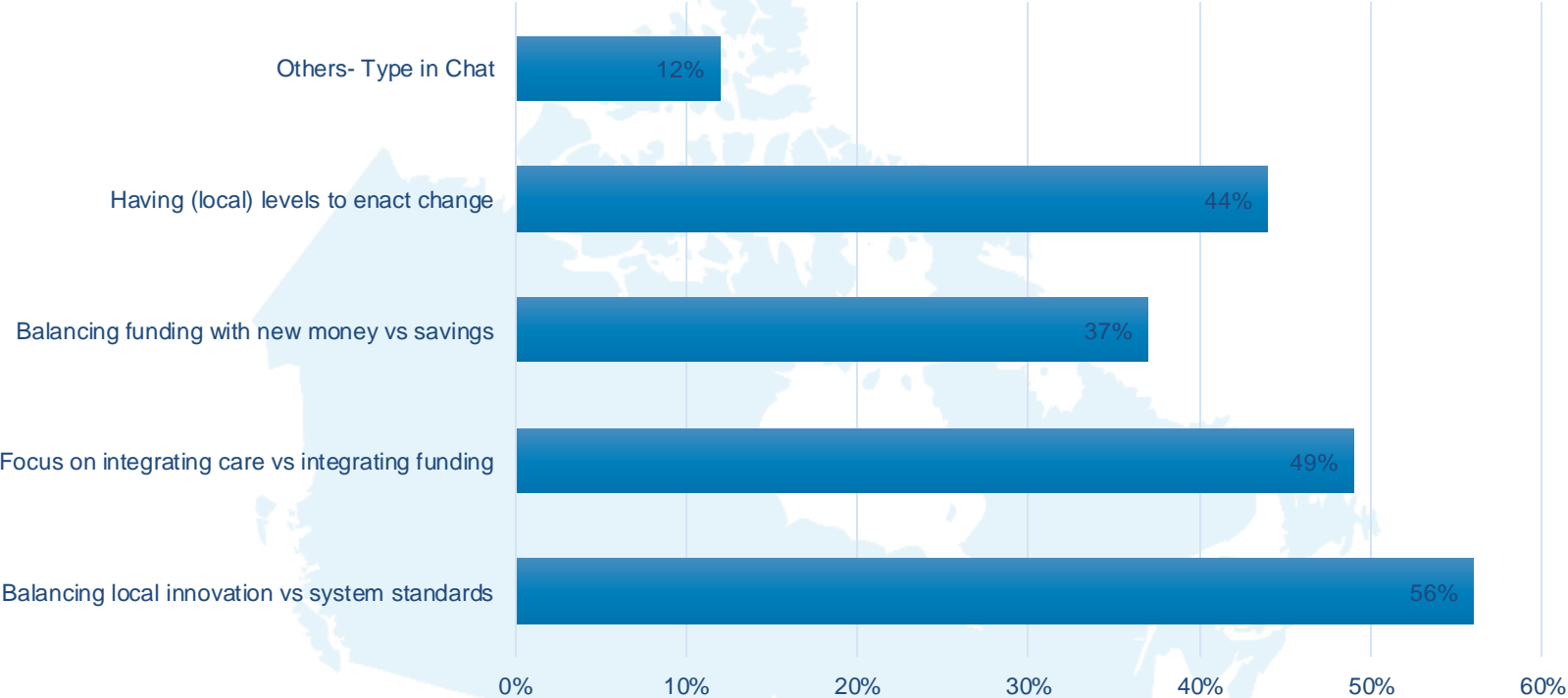
Poll Results: Your Knowledge About Today's Topic

How knowledgeable are you about policy supports for integrated care in other countries?



Poll Results: Significant Tensions for Integrating Care

What are the most important tensions that affect the implementation of integrated care?





Policy Supports for Integrated Care: New models and approaches from a comparative international study

Stefanie Tan, Julie Farmer, Sara Allin

North American Observatory on Health Systems and Policies

Institute of Health Policy, Management and Evaluation, University of Toronto

IFIC/HSPN Webinar, 27 February 2024

Acknowledgements

- Expert informants that shared their insights and experiences with integrated care models in their jurisdictions.
- This report was produced by the NAO with the support of the Health System Performance Network; we thank Walter Wodchis, Gaya Embuldeniya, and Paul Wankah for comments on this work.
- Research assistance from Jaclyn MacNeil and Navindra Baldeo.
- No conflicts of interest to declare.

Research team

- Stefanie Tan, Julie Farmer, and Sara Allin

Overview of study



Integrated care aims to coordinate a patient's care across different providers and settings to provide responsive, appropriate, and efficient health services.



The evidence suggests that there is no 'one size fits all' mix of policy supports and program design for integration reforms to achieve their objectives (Wodchis et al., 2020).



We compare and characterize integrated care reforms across four international comparators to identify promising policy supports for the implementation of integrated care initiatives in Ontario.



Literature review and qualitative semi-structured interviews (n=16) with key informants from all countries; narrative synthesis.

International case studies provide varied examples of policy supports for integrated care

- **Integrated Care Systems in England:** Fostering local collaboration through legislative actions to promote joint decision making between health and municipal bodies
- **Black Forest and Hamburg, Germany:** Innovating through population-based, integrated care initiatives to improve population health
- **Multiple initiatives across the Netherlands:** Addressing entire populations (e.g. Neighbourhood Care Teams), chronic conditions (e.g., bundled payments) through collaborative governance (i.e. Integrated Care Maternity Organizations) and new payment pathways to providers
- **Accountable Care Organizations in the United States:** Aligning community, primary, and allied health professionals through governance and financing supports

Policy supports

1. Governance and partnerships

- Policy actors can enable innovations to support policy from intention to implementation
- Policy entrepreneurs are actors inside or outside of government that take advantage of ‘policy windows’ to put policy ideas on the political agenda:
 - Important in facilitating policy implementation by setting the policy agenda to foster collaboration (England) or spearheading efforts to develop a new model of care (Germany)

Policy supports

2. Financing



- Financing for aligned purchasing, pooling and pilots
 - Aligned budgets/pooled budgets (England)
 - Bundled payments (Germany, Netherlands)
 - Pilot models of care (England, Germany, Netherlands).

Policy supports

3. Workforce and staffing

- There are potential efficiency gains from workforce initiatives that introduce dedicated knowledge brokers and new roles in interdisciplinary teams
- Dedicated funds for specific roles (e.g., care coordinators, embedded researchers, knowledge brokers at all levels of implementation) in England, Germany and Netherlands
- Physical space for training and/or collaborative meetings can enable collaboration



Policy supports

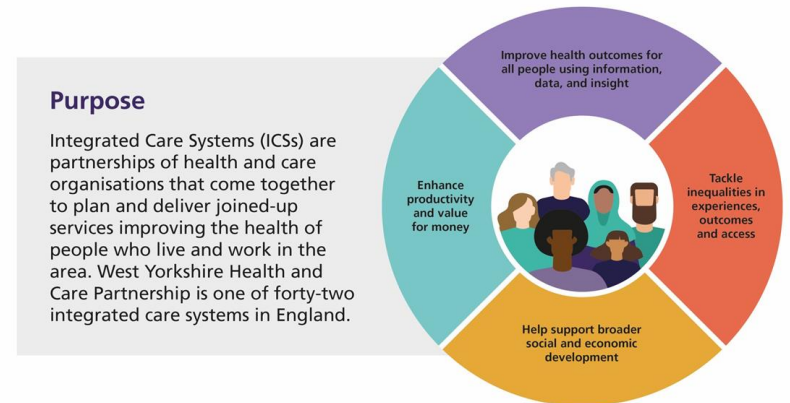
4. Data sharing and use

- Improvements in data use and availability are needed to support collaborative working
 - Data sharing issues due to incompatibility or inability to share patient information across settings, particularly for independent evaluation
 - Lack of established metrics to measure integration or the degree to which integration initiatives are succeeding
 - Proxies are used to assess the success of a given integrated care intervention, such as emergency department use

Policy supports:

5. Equity

- Equity-oriented initiatives are locally determined (all jurisdictions)
- Vary in scale and scope according to the political priorities of each jurisdiction



Challenges to policy implementation

- Entrenched power and financing disparity between health and community services impede efforts at collaboration despite policy supports promoting joint governance
- Accountability mechanisms needed to assess effectiveness of new models of care instead of reliance on proxy measures (i.e. ED diversion)
- Significant data sharing issues due to incompatibility or inability to share patient information across settings, particularly for independent evaluation
- Policy transfer of successful models of care within and between jurisdictions harder than it seems

Policy implications

- Legislation is an important enabling factor for facilitating governance but policymakers at the macro- and meso- level must also support policy from intention to implementation.
- Improvements to accountability mechanisms can foster the development of robust evidence to support policy implementation and learning.
- New financing streams can reward collaborative working for interdisciplinary teams or through shared savings benefits or pooled budgets.
- There are potential efficiency gains from workforce initiatives that introduce dedicated knowledge brokers and new roles in interdisciplinary teams.
- Improvements in data use and availability are needed to support collaborative working.



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International Panel



Camille Oung
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Viktoria Stein
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of VM Partners Integrating
Health and Care



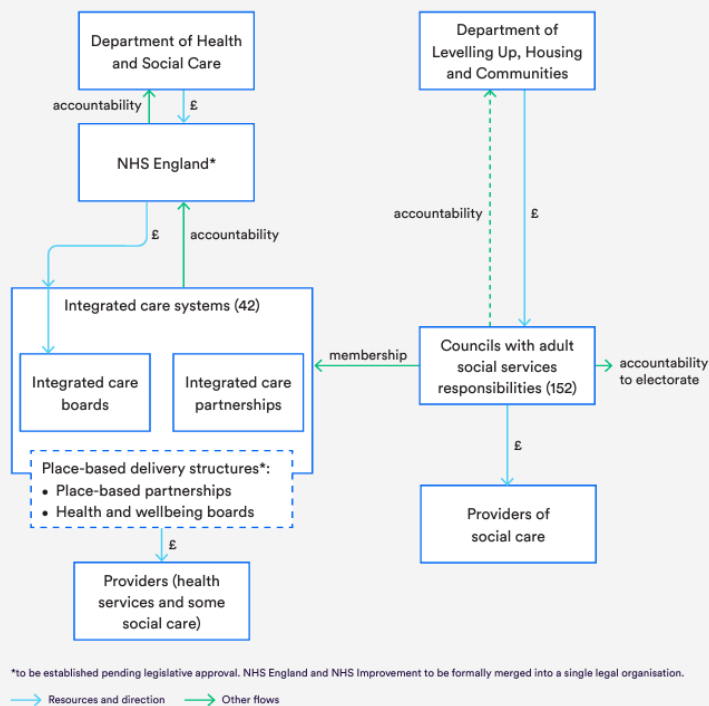
Integration in England

IFIC Webinar on Policy Supports in Integrated Care

Camille Oung, Nuffield Trust

The structure of health and long-term care services in England

Figure 4: Funding and accountability in the health and social care system in England



- Health and long-term care services are distinct and subject to different funding arrangements and accountabilities
- Health services, delivered by the National Health Services, are free at the point of use
- Long-term care is means-tested and eligibility is increasingly restricted
- The Health and Care Act (2022) legislated for Integrated Care Systems to improve join up of services

Some reflections: learning from 20 years of integration initiatives in England and the UK

- Aims and objectives of integration in national policy can be disjointed with the levers that are put in place (e.g. pooled budgets, structural reorganisations...)
- Structural change doesn't necessarily lead to on-the-ground changes and cultural differences are often a barrier to joint working
- Funding has rarely flowed away from hospitals into community services – although some success around hospital discharge pathways
- Success of integrated initiatives are difficult to measure, but perhaps we are measuring the wrong thing: we need realistic expectations about what integration can deliver

Overview of IC policies around the world from 2011-2022



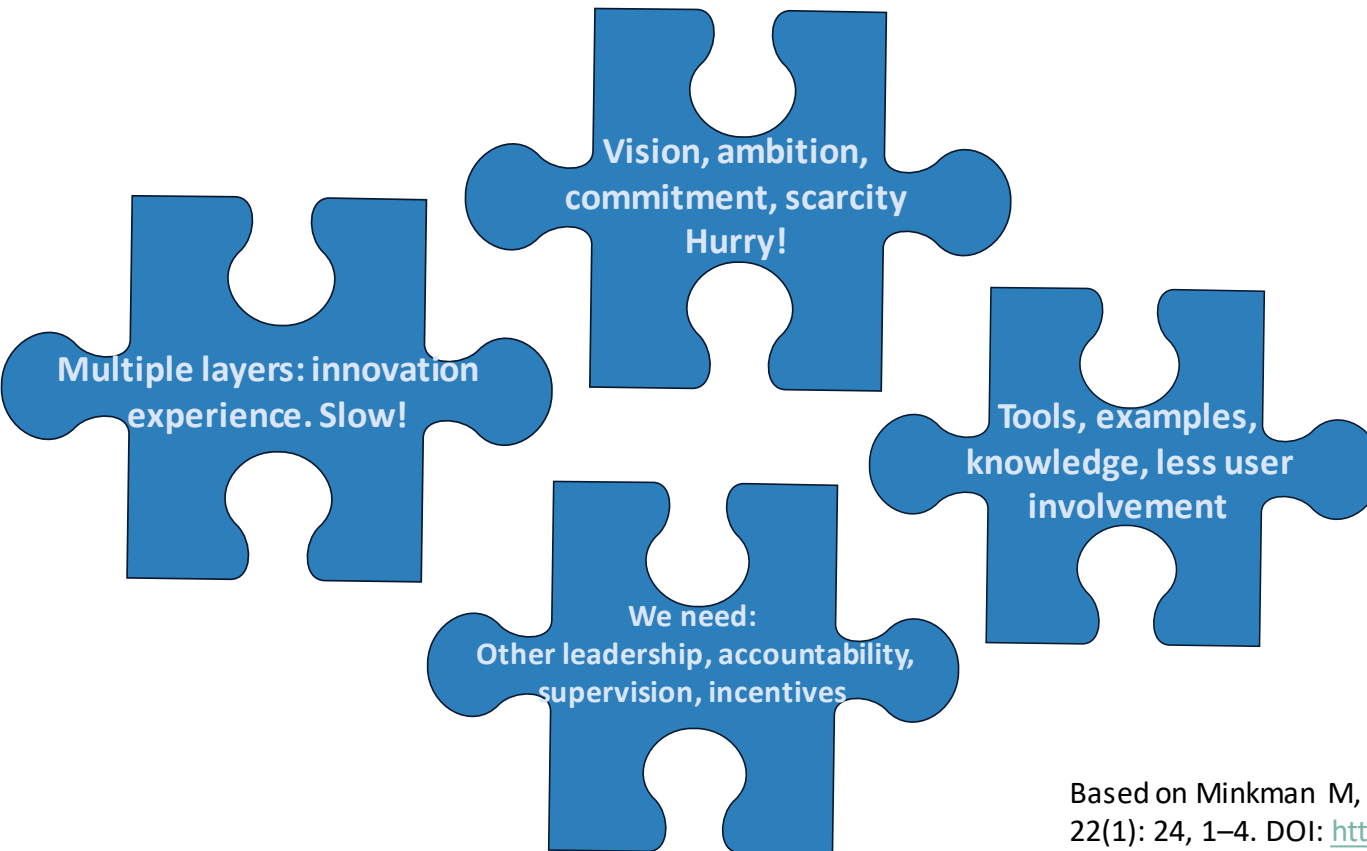
Case Studies



	AUS	BEL	CAN	CEE	CHN	ENG	FRA	ITA	NED	ANZL	SCO	SWI	USA
System	NHS	SHI	NHS	SHI	SHI	NHS	SHI	NHS	SHI	NHS	NHS	SHI	Market
# policies		3	100+	many	15	6	2	1	3	1	3	10	1
Population focus													
Chronic Dis	x	x	x	x		x	x	x	x	x	x	x	
SDH			x							(x)			x
Specific Pop	x	x	x		x	x	x		x		x		x
Integration focus													
Orgs		x	x		x	x	x		x		x	x	x
PC/2ndC	x		x	x	x	x	x	x	x	x	x	x	
HC/SC		x	x	x		x	x		x		x		x
Direction													
Top-down	x		x	x	x		x	x	x				
Bottom-up													
Both		x				x				x	x	x	x

Based on information published in the special collection "IJIC 20th Anniversary Issue" (2021), <https://ijic.org/collections/ijic-20th-anniversary-issue>

The Netherlands: parts of the puzzle are there



Newest developments:

- Integrated Care Agreement (IZA 2022)
- Healthy and Active Living Agreement (GALA 2022)

Based on Minkman M, 2022. Slowing down to accelerate, IJIC; 22(1): 24, 1–4. DOI: <https://doi.org/10.5334/ijic.6548>

Lessons, reflections, key challenges



- When countries move at all, they move towards regional integrated health and care systems (see e.g. NED, FIN, ENG, SCO, SPA, SGP).
- No one in policy and practice seems to know anything about implementation science and change management -> implementation support is necessary on all levels of the system.
- Policy to practice: barriers to implementation include vagueness of policies and lack of shared governance and accountability.
- Financial flows and incentives to support integrated care are few and far apart.
- Why are we obsessed with scalability, transferability, comparing outcomes, when everyone does their own thing anyway?

Bridging the gap between program implementation & system design

Perspectives from program implementers
& system stakeholders

G. Embuldeniya, P. Wankah, W.P. Wodchis

Overview

1. Context & Rationale

- Findings from Developmental Evaluation

2. Methods

3. Results

- Direction-setting & levers to enact change
- Balancing local priorities & standardization
- The role of & responsibility for funding
- System-level roles and relationships

4. What we learnt

5. Recommendations

Context & Rationale: DE Findings

Areas of development:

- Governance
- Strategic planning
- Model design
- Digital health
- Primary care engagement
- Patient/ family partnership
- Funding & incentive structures
- Performance measurement, quality improvement & continuous learning

Progress associated with:

- Trust
- Shared values/ priorities
- Making time for sense-making & learning
- Aligning org. & OHT priorities
- Cross-sector engagement
- Distributed leadership
- Communication
- History of collaboration
- Human and financial resources

Progress frustrated by:

- Evolving system context
 - Changing accountability and reporting structures
 - Conflicting information from system stakeholders at different levels
- Dearth of long-term direction
- Pre-existing system constraints
- Funding renewal uncertainty
- Lack of alignment between OHT & provincial priorities

Purpose

- Describe challenges identified by Ontario Health Team stakeholders regarding the system and policy environment.
- Describe system stakeholders' perspectives and responses to OHT-identified challenges.
- Identify system stakeholders' concerns regarding the implementation of OHTs.

Methods

- 18 semi-structured interviews conducted by three researchers
- System & OHT participants (6 OHT, 10 system, 2 cross-boundary)
 - OHT participants were key leaders of their OHTs
 - System participants crossed levels/ areas of expertise at OH & MOH
- November 2022 to February 2023.
- Lines of enquiry guided by insights from DE, symposium with DE OHTs (Sep 2022) & webinar attended broadly by OHTs (Oct 2022)
- Interviews were transcribed, thematically coded and iteratively analyzed.

Results

Direction-setting & transformation levers

OHT perspectives

- “We lack direction and the levers to enact change.”
 - Impacted governance, digital initiatives, HCC coordination, performance measurement, etc.

System perspectives

- “Our understanding of available supports and end-state vision helps mitigate our concerns.”
 - Knew of planned initiatives ahead of OHTs
 - Had clarity on how system-level committees/ working groups related to each other
- “OHTs need to spend time learning and building capacity first.”
 - E.g. HCCSS workings, primary care engagement, understanding data packages, responding to funding calls
- “Our inability to tell OHTs how to get to the end state concerns us but is beyond our control.”
 - Deferred to “government” & “political will”

Direction-setting & transformation levers

OHT Perspectives

...they [MOH] were, “Every OHT, you decide on your own governance model.” And you know what? It's a mess. [...] They now think they've landed on a solution, which is incorporation. [...] It's like saying, yes, you need a house. Great. How many bedrooms? How many bathrooms? How many floors? How big? How small. What's in it? What's not in it? It is a shell. (P15)

... you're trying to nudge Jell-O along... simply moving all of the levers to the OHTs is not going to do anything. [...] And I know that people on the frontline of planning and delivery are like, “You’ve just described a nightmare to me because you're giving me no clarity.” But there's no shortcut by saying, “I'm giving you this [...] and that will make everything else happen.” (P5)

We haven't committed all of the steps to the maturity vision and that's what keeps me up at night. ... and our inability to be very transparent about that is to be expected [because...] if you set out every step of the way, out to the very mature vision, there are some very hard policy decisions to be made, very big things to move [and] I don't know that there's yet comfort in taking those steps (P16).

System Perspectives

Balancing local priorities & standardization

OHT perspectives

- “Certain expectations do not make sense in our local context.”
 - Rural geographies & Indigenous OHTs
 - cQIP measures & governance guidance

System perspectives

- “Working out how to balance standardization with contextual heterogeneity is top of mind.”
 - Working through equity concerns & potential need for further prescription
- “Quality improvement indicators were meant to signal expectations, not judgement.”
 - Means for OHTs to identify areas for improvement

Balancing local priorities & standardization

... Some of them [cQIP measures] we found were probably a lot hospital-focused. So the ALC stuff, etc. [...] I'm just surprised they didn't get more granular in terms of like "this is what's in your catchment area that you should be focusing on" (P7).

... we do want OHTs to take a PHM approach. Which means, by default, there is a localness to it, a specificity to their own population. But at the same time, there will never not be provincial priorities for the health system. So I think that that is a tension that remains, and [...] we will have to find a way to manage that tension. (P16)

... we're very grounded in our Seven Grandfather teachings. [...] We knew we wanted to be highly Indigenous-led in our leadership principles. So that's not going to come by way of a provincial template. (P2)

... the indicators were a way to start signaling our expectations for OHTs [...] it wasn't that we would expect an OHT to be able to have all of the levers to drive the changes. But [...] the members need to look around and say, "Oh, this is a system priority... Am I pulling my weight here?" So it's a really important signaling exercise...." (P5)

OHT Perspectives

System Perspectives

Funding: Role & responsibility

OHT perspectives

- “We need adequate, sustained funding to make a difference.”
 - Affected staff retention

System perspectives

- “OHTs are about value-based care; they need to generate value themselves.”
 - True sustainability must be generated from within, through integration

Alternative perspectives

- “Focus on integration, not funding.”
 - Tailored guidance & resources should target a specific lack of integration

Funding: Role & responsibility

OHT Perspectives

I feel like these people that I've hired are like unicorns that wake up every single day and dedicate their whole life to progressing this model and working with our partners. And they've developed this trust and this relationship. And I'm terrified that because they don't know whether or not they have a job in August, that of course they would leave. (P4)

...take money off the table, focus on integration. [...] the government thinks it's all about money. It should be about integration, and then investing where integration is not happening. [...] Similarly] every single conversation [with health care providers] begins with two words - more funding. [Instead of ...] What are the steps that are necessary to achieve integration? And where can we invest in those steps to effect change? [...] Is it you don't have equipment? Is it you don't have enough beds in your hospital? (P15)

Alternative Perspective

...the teams have to extract value back out of the system. [...] We probably have to enable that to happen in certain ways. But I think that there are a handful of teams that say this is worth so much that even if the Ministry stopped funding us, we'll still find a way to continue this work. I like that attitude a lot. (P16)

System Perspectives

System roles and relationships

OHT perspectives

- “We are confused about system-level roles and uncertain about their value.”
 - E.g. OH Corporate vs. Regions
 - Perception of layers & overlap

System perspectives

- “We understand our roles and need patience with the evolution underway.”
- “The value of system partners is not fully recognized.”
 - Perception of competition of OHTs with OH

System roles and relationships

... I asked the OH [clinical population-specific] lead to come to the OHT and present. And when they did, it was a kerfuffle, of course, because everyone's like, "What! All this work is happening! What is our role? If that's your role to develop all the pathways and all these things, what the heck are we doing here?" (P10)

...because this OHT wasn't a pilot site or a leading project site for either of the two pathways that have already rolled out, they just hear it differently. They're not aware that, oh, okay, this is already happening. (P12)

We got rid of the LHINs and now we've created OH. [...] I don't understand the need for the layers. [...] give them [the role of] OHT executive lead, and we'll go back to our desks. [...] it just seems like we have [positions] that are funded by OH through our funding. (P2)

... in an ideal state, they see their OH Regional counterparts as sources of regional expertise, as allies in their entryway to OH, and as a really positive source of information, and brokering across OHTs. [...] OHTs have maybe an unrealistic expectation of the level of administration and control they could have at the scale that they currently exist at. (P17)

What we learnt

- **OHT participants**
 - Prioritized local concerns over of those of the health system
 - Tended to see themselves as separate from / in competition with the system
 - Sometimes lacked an understanding of the limits of their own capacity and knowledge
- **System participants**
 - Were familiar with OHT concerns but unable to freely respond / share their own concerns, leading to OHT participants feeling system stakeholders were divorced from on-the-ground concerns
 - Seemed unaware that the motive behind chosen performance measures had been misunderstood, and that it was not enough for system-level stakeholders alone to know about future state
 - Expected OHTs to understand the importance of identifying and filling knowledge gaps and generating value from within without reiterating this need & guiding work required to get there
 - Lacked an understanding of the need to demonstrate the value of system structures/ roles to OHTs

Recommendations for OHTs

1. Develop an understanding of system-level priorities, structures & supports.

- Priorities:
 - System priorities & rationale
 - Pilot projects undertaken to advance specific areas
- Structures & roles
 - Scope & boundaries of OH Corporate vs. Regions, OHT-facing roles
- Supports:
 - System-level planning tables that may inform OHT work
 - Central Program of Supports
 - Communities of Practice

2. Reconceptualize relationship with system from one of competition to cooperation.

- Invite OH representatives to OHT tables where possible, to harness their expertise

3. Develop a reflexive understanding of the limits of capacity/ knowledge of an OHT; mitigate/ address gaps

- E.g. how to understand/ use data; how to map local OHT priorities on to system priorities to submit an effective funding proposal

Recommendations for system stakeholders

1. Build trust through communication and transparency with OHTs.

- Share future plans where possible to mitigate OHTs' anxieties & as reminder of end-state vision. Don't assume OHT stakeholders share system stakeholders' understanding of system planning logic.
- Share information on existing planning tables at system level & how they may inform OHT-level work.
- Build even relationships with OHTs, so that those that are not pilot sites don't feel left behind.

2. Set clear expectations for what the system expects of OHTs & what OHTs can expect of the system.

- Reiterate expectation of value generation
- Clarify purpose and planned evolution of quality improvement indicators

3. Demonstrate the value of system-level structures, supports and roles (E.g. OH Corporate vs. OH Regions, scope & limits of Relationship Manager role) to mitigate confusion about responsibilities

- Encourage meaningful embedding of OH at OHT tables

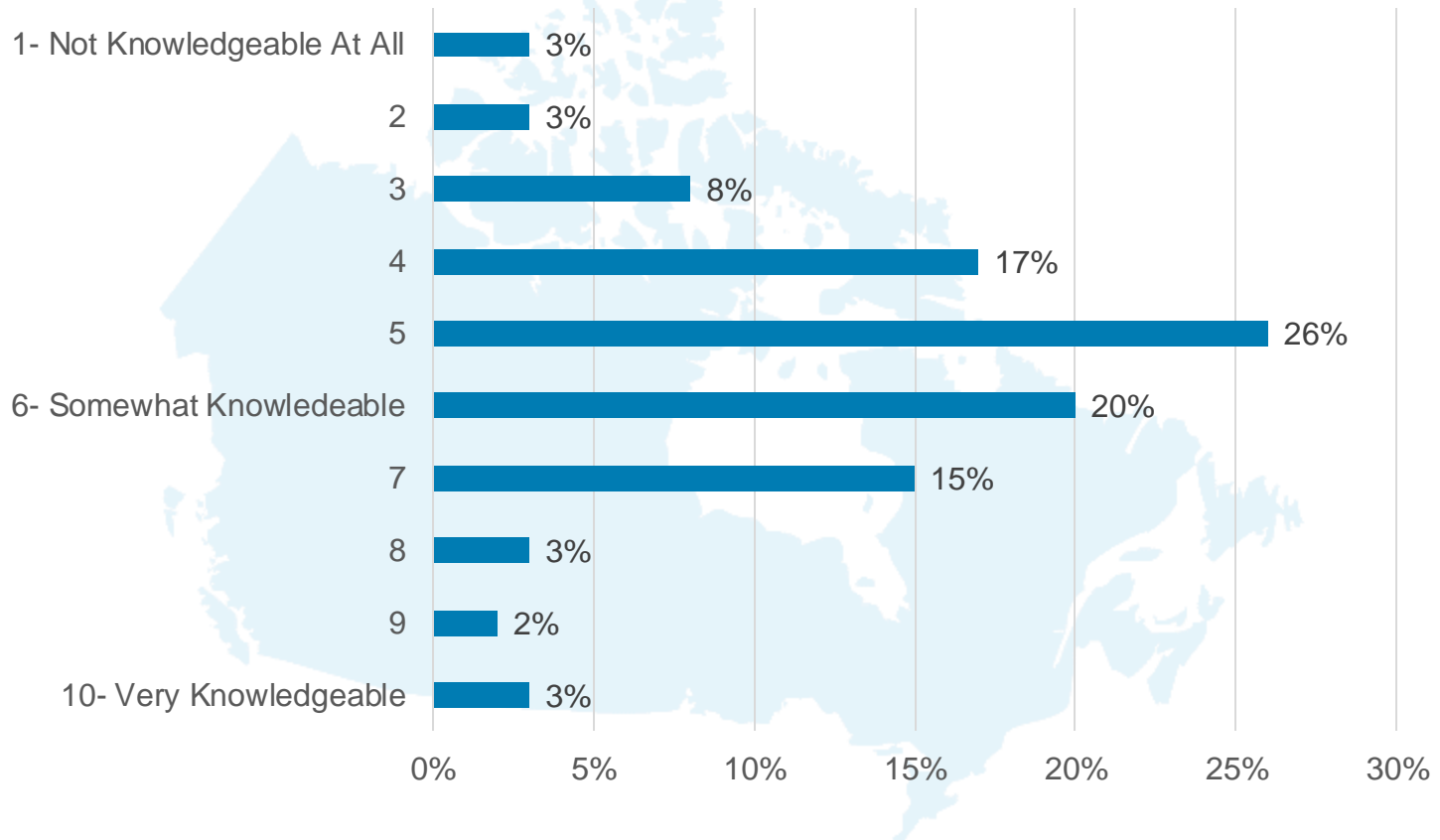
4. Work with OHTs to identify and address gaps in knowledge and capacity.

- Monitor needs of OHTs with contextual factors that affect capacity-building (E.g. Indigenous or rural OHTs), as part of an equity-driven approach.

5. Establish/endorse common supports that OHTs can systematically draw upon with confidence that they have system approval and cross-OHT applicability. (E.g. governance, performance evaluation, data)

Poll Results: Your Knowledge About Today's Topic

How knowledgeable are you about policy supports for integrated care in other countries?



Resources

Shared within the virtual community chatbox

- Mintrom M. So you want to be a policy entrepreneur?. Policy design and practice. 2019 Oct 2;2(4):307-23. <https://doi.org/10.1080/25741292.2019.1675989>
- <https://www.nuffieldtrust.org.uk/research/integrating-health-and-social-care-a-comparison-of-policy-and-progress-across-the-four-countries-of-the-uk>
- <https://naohealthobservatory.ca/>
- <https://www.infoway-inforoute.ca/en/component/edocman/resources/interoperability/6444-connecting-you-to-modern-health-care-shared-pan-canadian-interoperability-roadmap?Itemid=103>
- <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/external-advisory-bodies/list/pan-canadian-health-data-strategy-reports-summaries.html>
- <https://ijic.org/articles/10.5334/ijic.7610>
- <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05206-5>
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Snowball

In one word, describe your experience being part of the virtual community today

hopeful
inspired

enlightened great
heard knowledgeable
informed resourced
seen determined curious