



Stakeholder Dialogue About Designing Integrated Approaches to Support People with Multimorbidity in Ontario

Caring for People with Multiple Chronic Conditions
Health Systems Research Performance Network
Toronto, ON, Canada
22 October 2013

Michael G. Wilson, PhD
Assistant Director, McMaster Health Forum, and
Assistant Professor, McMaster University



Overview

- Steering Committee
- Key findings – Issue brief
 - Problem
 - Three elements of a potentially comprehensive approach
 - Implementation considerations
- Key findings – Stakeholder dialogue
 - Problem
 - Three elements of a potentially comprehensive approach
 - Implementation considerations
 - Next steps for different constituencies



Steering Committee

- Steering Committee comprised of representatives of the Ontario Ministry of Health and Long-Term Care, Ottawa Hospital Research Institute, University of Toronto, and McMaster University
- Periodic pre-dialogue teleconferences focused on
 - Event plan, including list of dialogue invitees
 - Terms of reference for the issue brief
 - List of (select) key informants
- Post-dialogue teleconferences will focus on
 - Evaluation results
 - Dialogue summary



Issue Brief - Features

- Mobilizes research evidence about
 - Context
 - Problem
 - Three elements of a potentially comprehensive approach for addressing the problem
 - Key implementation considerations
 - (No recommendations)
- Distinguishing features
 - Draws on systematic reviews (and 'local' data and studies)
 - Input to discussion, not an end in itself



Issue Brief – Problem (1)

Nature of the underlying problem

- Growing prevalence of multimorbidity coupled with the fact that prevalence grows steadily with age
- Impact of multimorbidity on healthcare utilization
 - Higher healthcare utilization and costs may be entirely appropriate as compared to the rest of population
 - But it points to an area where greater coordination and integration of services may have a significant impact on improving the efficiency with which care is delivered



Issue Brief – Problem (2)

Nature of the underlying problem (cont'd)

- Complexity of living with and treating multimorbidity
 - Health risks associated with multiple conditions are numerous and varied
 - Self-management and treatment are made difficult given uncertainties about the benefits and harms of simultaneous treatments
- System arrangements are not designed in a way that supports integrated care
 - Fragmentation of current programs and treatment strategies
 - Heavy burden faced by patients with multimorbidity and their family, friends and caregivers
 - Remuneration models for providers that are not adapted to the types of care required by people with multimorbidity
 - Lack of effective local governance, particularly at the primary care level, that is supportive of integrated care for people with multimorbidity



Issue Brief – Element 1 (Models of care)

Three elements of an approach (among many)

- **Element 1 (models of care)**: Support primary care, community care and other providers to adapt and implement models of care for patients with multimorbidity that improve the patient experience, improve health and keep per capita costs manageable

- **Sub-elements might include:**
 - Identifying unique contexts in which care is required
 - Identifying promising models of coordinated/integrated care
 - Supporting local adaptation and implementation of care models
 - Developing performance-measurement frameworks to identify high performing models



Issue Brief – Element 1 (Models of care)

■ Findings from systematic reviews

- Only two reviews focused specifically on multimorbidity (Smith et al. 2012 & de Bruin et al. 2012) and these found
 - Mixed and inconclusive evidence regarding the use of comprehensive care models and patient-oriented interventions
 - Interventions targeting more specific changes to care delivery within an organization (e.g., integrated treatment programs coordinated by care managers) were more effective than those with a broad focus (e.g., case management or changes in care delivery)
 - “Complex and multifaceted pharmaceutical care” reduced inappropriate medication use and adverse drug events



Issue Brief – Element 2 (Guidelines)

- **Element 2 (guidelines)**: Enable primary care, community care and other providers to identify and use guidelines (or care pathways) that meet the needs of patients with multimorbidity

- **Sub-elements might include:**
 - Undertake activities to ensure that guidelines meet the needs of patients with multimorbidity; and
 - Undertake activities that assist primary care, community care and other providers in identifying and using such guidelines



Issue Brief – Element 2 (Guidelines)

- **Findings from systematic reviews:** One systematic review (Gauvin et al. 2013) identified 15 recommendations derived from the guideline-related literature, the most frequent of which were:
 - Include information on the most common multimorbidity disease clusters along with the main chronic condition
 - Develop a patient-centred approach to guideline development
 - Cross-reference guidelines with each other when recommendations are synergistic or contradictory or when patterns of multimorbidity are common
 - Use patient-friendly language (e.g., to communicate marginal benefits and harms from polypharmacy and to consider health priorities)
 - Consider the feasibility of implementation of guidelines for patients with multimorbidity to minimize the burden placed on the patient;
 - Include older adults and patients with comorbid conditions in randomized trials and including the results in the development of guidelines



Issue Brief – Element 3 (Self-management)

- **Element 3 – (enabling self-management)**: Enable primary care, community care and other providers to efficiently support self-management by patients with multimorbidity

- **Sub-elements might include**
 - ❑ Ensuring that self-management resources are sensitive to the needs of patients with multimorbidity
 - ❑ Providing supports for self-management in primary care and related settings



Issue Brief – Element 3 (Self-management)

■ Findings from systematic reviews

- ❑ Almost all reviews we identified about self-management focused on single conditions
- ❑ A small number of reviews that addressed multimorbidity (at least in part) found benefits for:
 - Patient education and family interventions as possible approaches to helping patients with multimorbidity use self-management resources (e.g., by improving physical and mental health outcomes)
 - Information and communication technology, home-based support and a range of interventions aimed at supporting appropriate medicine use by consumers



Issue Brief – Implementation Considerations

- Efforts to implement one or more of the elements could consider leveraging existing:
 - Infrastructure (e.g., Health Links for models of care and supports for self-management)
 - Investments (e.g., existing networks with expertise in research synthesis, guideline development and knowledge translation)
- Possible ‘windows of opportunity’
 - Difficult fiscal situation (as an impetus to do things differently)
 - Primary care as the focus of investment over the last decade
 - Increased awareness of multimorbidity among guideline producers
 - Patients are keen to actively participate in managing conditions



Stakeholder Dialogue – Features

- Stakeholder dialogues allow research evidence to be brought together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue
- Examples of key features
 - Chatham House Rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed”
 - Not aiming for consensus



Stakeholder Dialogue – Participants

- Participants chosen on the basis of their ability to
 - Bring unique views and experiences to bear on a challenge and learn from the research evidence and from others' views and experiences
 - Champion within their respective constituencies the actions that will address the challenge creatively
- Participants (20)
 - Policymakers (3)
 - Managers (9), a number of which are involved in Health Links
 - Providers (3)
 - Researchers (5)



Stakeholder Dialogue – Problem

- Lack of integrated approaches...but for whom?
 - People with or at-risk for multimorbidity?
 - Low-income people with multimorbidity?
 - Complex and vulnerable patients?
 - High needs patients (in relation to both healthcare and the full spectrum of the social determinants of health)?
- The full trajectory or journey for a patient (not just those living with multimorbidity) is not always the focus of care and this is a missed opportunity for:
 - Prevention (“avoiding the 45% from tipping over to the 1 or 5%”)
 - Providing person-centred care that emphasizes a holistic approach to care focused on the goals of the individual



Stakeholder Dialogue – Problem (2)

- Lack of clarity about the goal of addressing the ‘problem’ of multimorbidity:
 - A goal in itself (i.e., to improve the care for and consequently the health of those with multimorbidity)?
 - A means to the end of strengthening primary care to make it better equipped to address all patients?
 - A means to the end of improving the patient journey for people with multimorbidity and other individuals?



Stakeholder Dialogue – Elements (1)

Element 1 - Models of care

- ❑ Continue supporting bottom-up, person-centred approaches to develop flexible models of care that:
 - Identify and prioritize needs and/or goals important to patients
 - Harness available resources to develop customized packages of resources that meet these needs
 - Work for the full spectrum of primary care models
- ❑ Begin to focus on how to support the scaling-up of successful approaches within practices (horizontal integration), to those in parts of the system (vertical integration) and across the system
- ❑ Building capacity among health professionals to support them to participate in such models and to work towards their full scope of practice



Stakeholder Dialogue – Elements (2)

Element 2 - Guidelines

- Support providers to:
 - Take a patient-centred approach by identifying patients', families' and care-givers' goals (e.g., symptom management, functional improvements)
 - Find and use evidence-based clinical resources that help them to achieve these goals, which can include:
 - Resources that address goals explicitly and have been developed with the input of patients/families/caregivers and an array of providers
 - Resources that address complementary goals (e.g., reducing polypharmacy)
 - Guidelines that better address issues for people with multimorbidity



Stakeholder Dialogue – Elements (3)

Element 3 – Self-management

- Support the development and use of tools and resources that
 - Are developed through partnerships between provider and citizen groups or at least with better communication between then two
 - Move beyond information and education provision to include skill building, direct support for behaviour change and other approaches
 - Enable better system navigation and informed decision-making
 - Reach more people through social media and other technology, which can also enable the creation of ‘cohorts’ of individuals facing similar challenges (rather than those that happen to be in a single practice)



Stakeholder Dialogue – Implementation

- Essential components for implementation include:
 - Collaborating
 - Within teams
 - Across silos (each of which brings unique value)
 - Engaging patients, families and caregivers
 - Designing funding approaches that are supportive of models of care for people with multimorbidity (e.g., morbidity adjustments for blended capitation and fee-for-service)
 - Making better use of EMRs and computerized clinical decision support



Stakeholder Dialogue – Next Steps

- **Deliberation about next steps for different constituencies**
 - ‘Stay the course’ by continuing to support bottom-up, person-centred approaches to developing models of care and working across silos, and begin to
 - Give greater attention to how to identify those at risk, particularly in vulnerable and hard-to-reach populations
 - Focus on how to monitor and evaluate these models using agreed indicators of success
 - How to scale up successful approaches (but “don’t pick the fruit before it’s ripe...Health Links will eventually bear fruit”)
 - Build capacity among providers to use such approaches



Stakeholder Dialogue – Next Steps (2)

- **Deliberation about next steps for different constituencies (cont'd)**
 - ❑ Support the development of evidence-based guidance (especially about helpful processes) that providers can draw on to achieve the goals set by patients, families and care-givers
 - ❑ Embrace innovative, collaborative approaches to developing and supporting the use of self-management tools and resources
 - ❑ Articulate a research agenda to address terminology issues and the many unanswered questions in this domain



Next Steps

- Post the topic overview, issue brief, dialogue summary, video links and podcast links on the McMaster Health Forum website
 - Go to www.mcmasterhealthforum.org
 - Click on products on the left task bar
 - Scroll through each type of product
- Send electronic copies of these documents to dialogue participants and to key stakeholders
- Launch the evidence service to bring to attention newly synthesized research evidence, economic evaluations and other types of evidence on these topics



Acknowledgements

Co-authors: Francois-Pierre Gauvin and John N. Lavis

The issue brief and stakeholder dialogue were funded by:

- Canadian Institutes of Health Research through an expedited knowledge-synthesis grant (267895)
- 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 an AHRQ from MOHLTC and HHS)
- McMaster University's Labarge Optimal Aging Initiative

Note that the views expressed in these slides are the views of the presenter and should not be taken to represent the views of the funders



Resources

- McMaster Health Forum
 - www.mcmasterhealthforum.org
- McMaster Health Forum Evidence Service (one of which will focus on topic for the coming year)
 - <http://www.mcmasterhealthforum.org/index.php/subscribe-to-mcmaster-health-forum-evidence-service>
- Health Systems Evidence
 - www.healthsystemsevidence.org
- Evidence-Informed Healthcare Renewal (EIHR) Portal
 - www.healthsystemsevidence.org (or www.eihrportal.org)