Hospital and home care bundles for *surgical* patients are ready for province-wide implementation. But *chronic condition* bundles need refinement.

Compared with hospitals not participating in IFMs, IFM hospitals saw greater improvements:



\*The overall comparative effectiveness results are based on changes between 2011-2014 and 2015-2018 were driven by the two largest IFM programs.

## What did we hear ...?

Patients

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**Approximately 90%** rated their hospital and home experience positively

 However, care management and patient education need to be tailored to patients' knowledge, needs, and disease progression

...my condition didn't change all that much to warrant people being out here every day. [...] I didn't mind them coming. I enjoyed their visit. But [...] maybe I didn't need as many visits. – COPD Patient

## Caregivers



 Approximately 80% had positive hospital and home experiences

In this program, over 90% of cardiac surgery

Potential **impact** of province-wide **cardiac** 

surgery bundle implementation:

patients were enrolled, while less than 40% of

COPD/CHF patients participated in the program.

4,740 hospital-days & \$18.6 million saved

- 41% reported they were not asked if they were able/willing to provide care
- 36% reported receiving partial or no information about their role in the patient's care upon discharge

...I too am on disability for MS and am trying to deal with my own issues. I am coping and hope there will be help for me when I bottom out. There are no children etc., for me. My point being that if my partner did not have my assistance, his outcome would have been very different – Caregiver The Integrated Funding Model (IFM) consists of **6 programs** addressing **4 target populations**, piloting pathways combining hospital and home care for 30-104 days post-discharge.

## Implementation



Bundling hospital and home care requires...

 Building trust and leveraging existing relationships by engaging providers across professions, organizations and sectors.



 Generating communication strategies and information technology systems for effective clinical coordination and financial reconciliation

For *chronic condition* bundles, it is worth considering...



 Moving point of intake upstream to primary care and increasing bundle length to foster continuity of care



Addressing patient complexities (multiple conditions and social complexity) by linking patients to wider health and social resources.





Cardiac Surgery

COPD & CHF (3 projects)

UTI & Cellulitis