HSPN Health System Performance Network

International Foundation for Integrated Care
IFIC Canada

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HSPN – IFIC Canada – Emerald Webinar

How should we be evaluating integrated care?

June 22, 2021 - 12pm EDT

@infoHSPN #IFICCanada #NACIC2021

Welcome & thank you for joining us!

Please let us know who you are
by introducing yourself

(name & location)

to all panelists and attendees

in the chat box

Land acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

National Indigenous People's Day June 21st, 2021

Today's event

Co-Hosts

Jodeme Goldhar
Strategic Advisor
Ontario Health, CA

Henk Nies
Strategy Director
Vilans, NL

Presenters

Philippa Darnton
Associate Director Insights
Wessex AHSN

Andrew Liles
Strategic Advisor
Wessex AHSN

Dr. David Brown
Clinical Director & GP
Farnham PCN

Adam Steventon
Director Data Analytics
The Health Foundation

Walter Wodchis
Principal Investigator
HSPN

Mark Fam
VP Clinical Programs
Toronto East Health Network

Sara Shearkhani
Evaluation Lead
Toronto East Health Network

Anne Wojtak
Lead, Integrated Care
Toronto East Health Network

Poll 1

Where are you joining us from today?

Welcome and Overview

Jodeme Goldhar
Strategic Advisor
Ontario Health, CA

Henk Nies
Strategy Director
Vilans, NL

How to Deliver Integrated Care
A Guidebook for Managers

Edited by Axel Kaehne and Henk Nies

Care integration has become an important part of managing health and social care services all over the world. Bringing organisations together is thought to produce better access to care, reduce health care expenditure and improve quality of care for patients and service users.

This book helps managers to think about how to collaborate in integrated care programmes. It provides practical advice on how to implement various aspects of care integration, such as finance, digital technology and evaluation.

Receive a 30% discount you ordering your copy online through the Emerald Publishing bookstore – use code EMERALD30 at checkout.

https://books.emeraldinsight.com/page/detail/How-to-Deliver-Integrated-Care/?K=9781838675301

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How to Deliver Integrated Care
A Guidebook for Managers

Edited by Axel Kaehne and Henk Nies

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https://books.emeraldinsight.com/page/detail/How-to-Deliver-Integrated-Care/?K=9781838675301

https://tinyurl.com/2x3rhn23

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Further reading and resources

Journal of Integrated Care

Edited by Axel Kaehne

Facilitating the dissemination of research and practice about the integration of health, social care and other community services to the benefit of service users, patients and health care providers.
https://www.emeraldgrouppublishing.com/journal/jica

Also see Emerald's **Healthier Lives** page, https://www.emeraldgrouppublishing.com/our-goals/healthier-lives, a home for research that influences thinking, changes practice and policy, and positively makes a difference to lives beyond the walls of academia, aligned to the UN's Sustainable Development Goals. We're looking for new partnerships to help the research we publish reach its widest audience – if you'd like to be involved, please get in touch.

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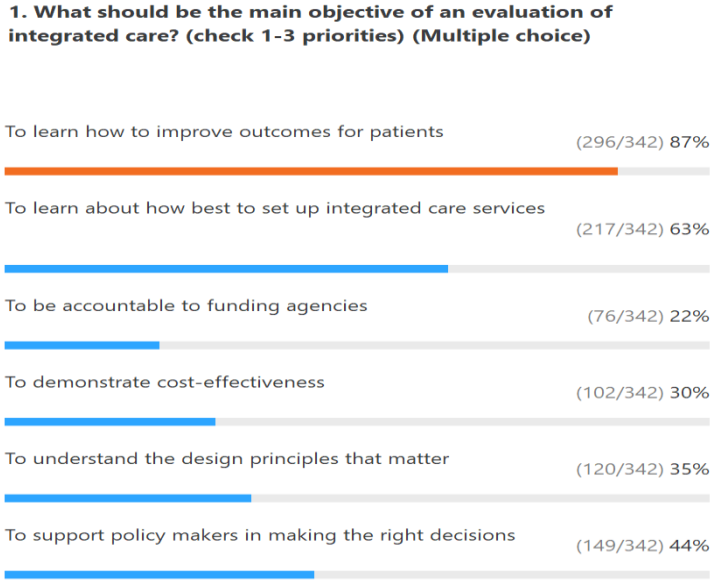
Poll 2

What should be the main objective of an evaluation of integrated care? (check 1-3 priorities)



Evaluating Integrated Care From a System Perspective: The Health Foundation Approach

Adam Steventon
Director Data Analytics
The Health Foundation

Evaluating integrated care

Adam Steventon

21 June 2021

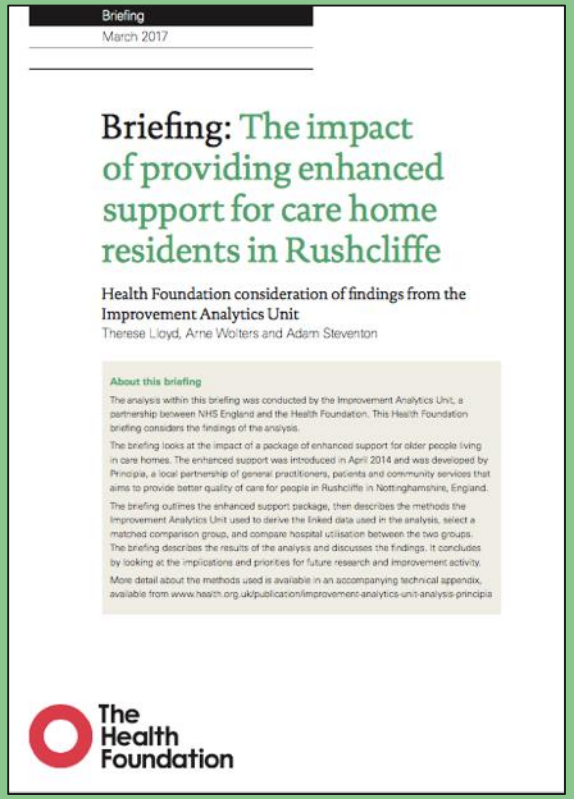
The Health Foundation

The Improvement Analytics Unit

We are working in partnership with NHS England to establish a resource that can:

- Evaluate whether local change initiatives, implemented as part of national programmes, are improving care
- Feed back to local and national level quickly, to help improve care
- Use state-of-the-art evaluation methods from causal inference, as applied to existing data sets

Example 1: Principia



Briefing
March 2017

Briefing: The impact of providing enhanced support for care home residents in Rushcliffe

Health Foundation consideration of findings from the Improvement Analytics Unit

Therese Lloyd, Arne Wolters and Adam Steventon

About this briefing

The analysis within this briefing was conducted by the Improvement Analytics Unit, a partnership between NHS England and the Health Foundation. This Health Foundation briefing considers the findings of the analysis.

The briefing looks at the impact of a package of enhanced support for older people living in care homes. The enhanced support was introduced in April 2014 and was developed by Principia, a local partnership of general practitioners, patients and community services that aims to provide better quality of care for people in Rushcliffe in Nottinghamshire, England.

The briefing outlines the enhanced support package, then describes the methods the Improvement Analytics Unit used to derive the linked data used in the analysis, select a matched comparison group, and compare hospital utilisation between the two groups. The briefing describes the results of the analysis and discusses the findings. It concludes by looking at the implications and priorities for future research and improvement activity.

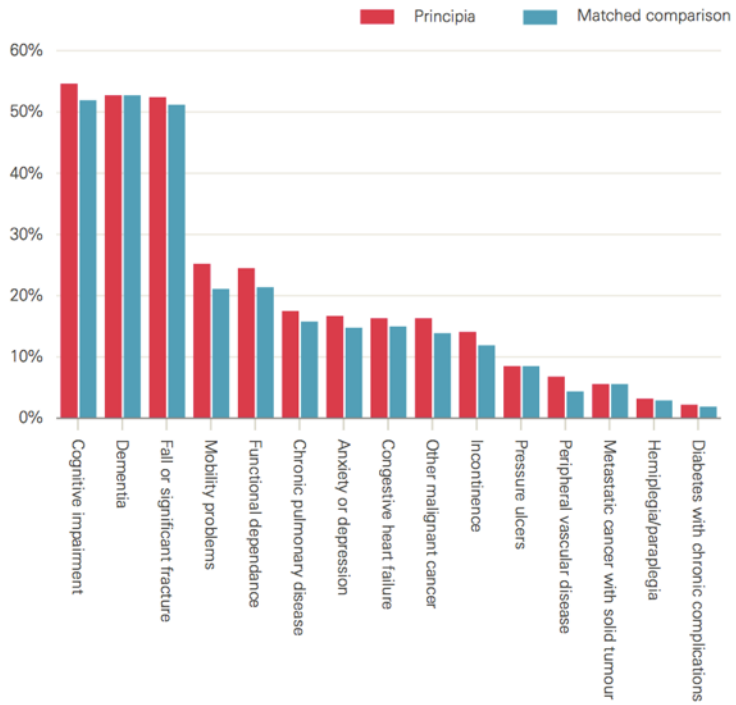
More detail about the methods used is available in an accompanying technical appendix, available from www.health.org.uk/publication/improvement-analytics-unit-analysis-principia

The Health Foundation

Enhanced support for care home residents

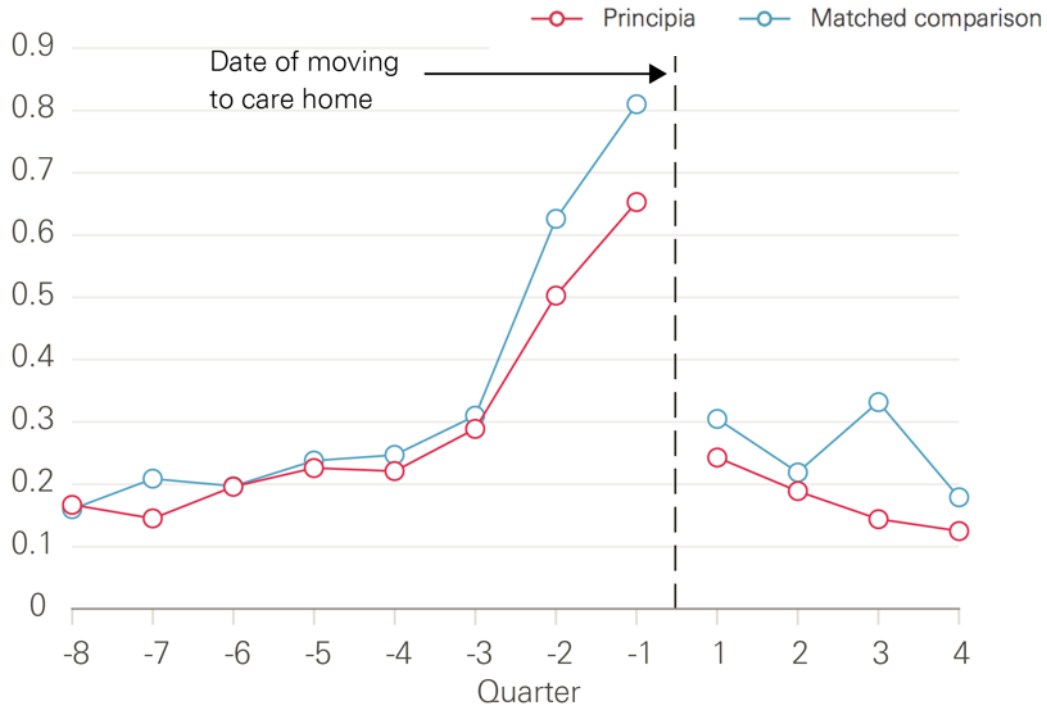
- Aligning care homes with general practices
- Regular visits from a named GP
- Improved support from community nurses
- Independent advocacy and support from the third sector
- Programme of work to engage and support care home managers

Selecting a matched control group



Lloyd, T. et al. The impact of providing enhanced support for care home residents in Rushcliffe. The Health Foundation. 2017

Trends in emergency admissions



Lloyd, T. et al. The impact of providing enhanced support for care home residents in Rushcliffe. The Health Foundation. 2017

Example 2: Mid Nottinghamshire

Briefing
September 2020

The long-term impacts of new care models on hospital use: an evaluation of the Integrated Care Transformation Programme in Mid-Nottinghamshire

Geraldine M Clarke, Paris Pariza and Arne Wolters

Key points

- This report presents the findings of an evaluation of the long-term impacts of the Mid-Nottinghamshire Better Together Integrated Care Transformation Programme (ICTP) over a 6-year period from its launch in April 2013 until March 2019. The programme was established by Mansfield and Ashfield clinical commissioning group (CCG) and Newark and Sherwood CCG, together with local partners. In March 2015, the Mid-Nottinghamshire Better Together programme achieved vanguard status as an integrated primary and acute care systems provider, one of the first of the new care models announced in the *Five year forward view*.

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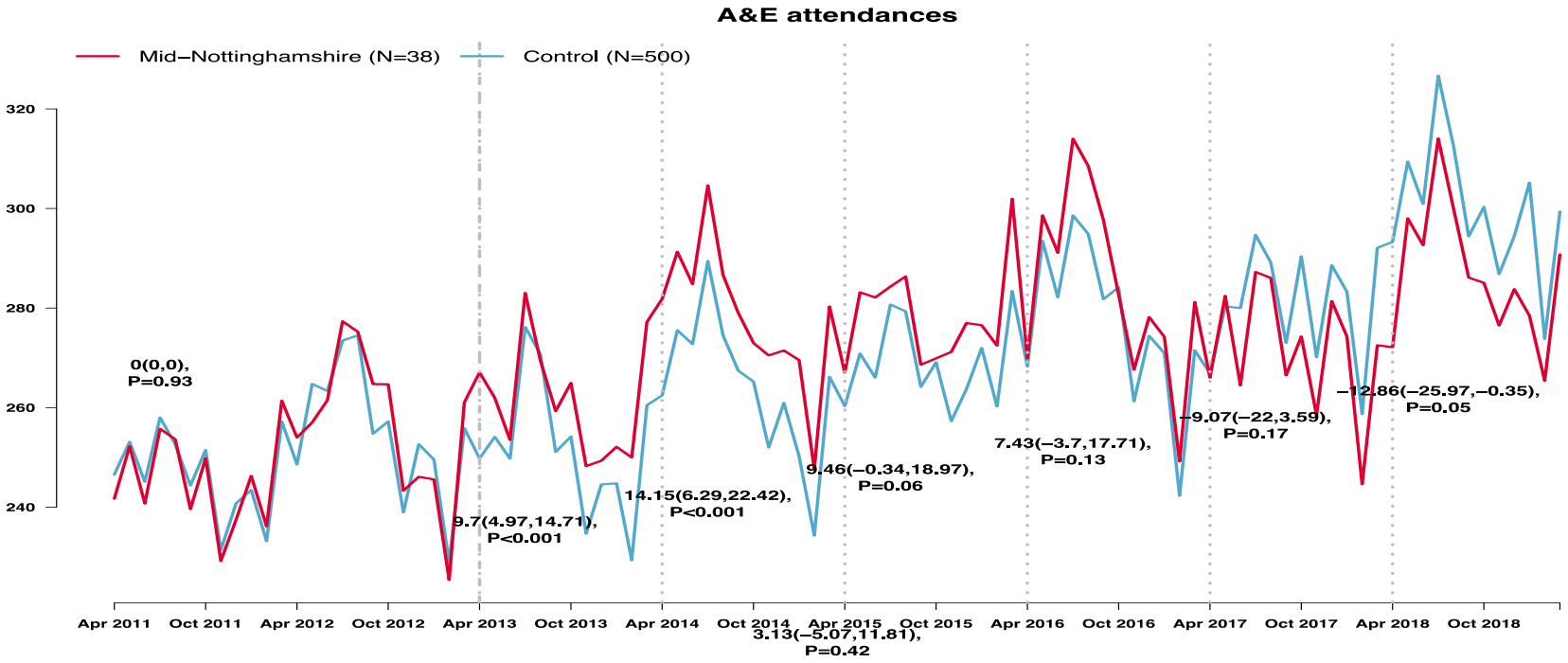
Better Together Mid-Notts PACS vanguard

- Mid Nottinghamshire (Mansfield & Ashfield and Newark & Sherwood) CCGs serve a population of ~330,000, typically older, with high incidence of multi morbidity, and high levels of deprivation.
- Mid-Notts Better Together Integrated Care Transformation Programme (ICTP) established in 2013 in response to concerns about disjointed and fragmented care, and confusion about available services
- Won vanguard in March 2015 funding to continue the ICTP as a PACs vanguard.
- Formed Alliance across Mid Notts in April 2016 and now operates as part of Nottingham and Nottinghamshire ICS

A&E Visits


A&E attendances
Mid−Nottinghamshire (N=38)
Control (N=500)
320
300
280
260
240
0(0,0),
P=0.93
9.7(4.97,14.71),
P<0.001
14.15(6.29,22.42),
P<0.001
3.13(−5.07,11.81),
P=0.42
9.46(−0.34,18.97),
P=0.06
7.43(−3.7,17.71),
P=0.13
−9.07(−22,3.59),
P=0.17
−12.86(−25.97,−0.35),
P=0.05
Apr 2011
Oct 2011
Apr 2012
Oct 2012
Apr 2013
Oct 2013
Apr 2014
Oct 2014
Apr 2015
Oct 2015
Apr 2016
Oct 2016
Apr 2017
Oct 2017
Apr 2018
Oct 2018

Reflections

Reflections

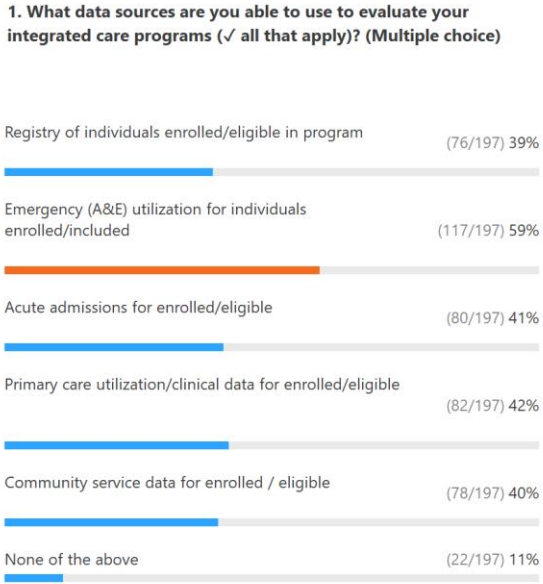
- Counterfactual is needed in situations like the ones presented; otherwise we would have reached the wrong conclusion
- Resources are available to help health care analytics teams implement these methods – see health.org.uk/iau
- Routine data useful – but gives partial picture
- Impacts on hospital admissions can take many years to materialise – we need leading indicators of change

Thank you

The Health Foundation

Poll 3

What data sources are you able to use to evaluate your integrated care programs (✓ all that apply)?



Discussion Question & Engagement

What are your challenges in implementing evaluation for your (integrated care) improvement programs?

Use the chat to all panelists and attendees to respond to this and ask questions.

Two Inspiring Examples

Philippa Darnton
Associate Director, Insight

Mark Fam
Vice President, Clinical Programs

Andrew Liles
Strategic Advisor

Dr. David Brown
Clinical Director, Farnham PCN

Sara Shearkhani
Evaluation Lead

Anne Wojtak
Lead, Integrated Care

Wessex Academic Health Science Network

NHS

Evaluating integrated care delivery in an NHS health and care system

2015-2019

In this 10 minute presentation you'll be hearing from:

Dr David Brown
General Practitioner (Family Physician)
Clinical Director for the Farnham Primary Care Network

Andrew Liles
Strategic Advisor, Wessex AHSN
Consilium Partners
Royal Holloway College, University of London

Philippa Darnton
Associate Director, Insight
Wessex Academic Health Science Network

Wessex Academic Health Science Network
Happy Healthy atHome

Quick context setting

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need." **Five Year Forward View** (FYFV) October 2014.

50 **vanguards** established to create learning for the wider roll-out of **new integrated health and care models** to the rest of the NHS. North-East Hampshire and Farnham (NEHF; 200,000 population) were one of these.

Each vanguard were required to appoint an **independent evaluation partner** – and Wessex Academic Health Science Network were appointed by NEHF.

Integrated care is now the **dominant national policy** for the NHS.

- NEHF were part of one of the first, and leading, larger **Integrated Care Systems** (ICSs) in the NHS – Frimley Health and Care (c.850,000 population). ICSs now cover all of England.
- The integrated care models developed and evaluated in NEHF are now widespread across the NHS.

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Happy, Healthy, at Home – NEHF Vanguard

The new care model

Example – The Farnham Integrated Care Team (ICT)

Patients supported by ICT:

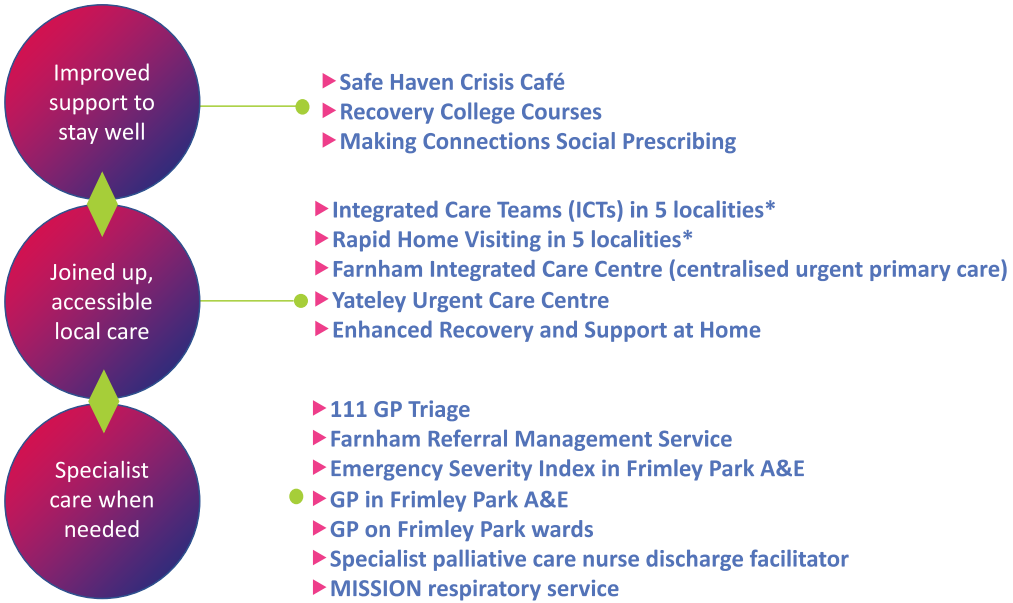
- Reactive caseload initially
- Proactive caseload added in phases

Process:

- Weekly team meeting – Wednesday 1pm to 3pm
- Core team attend in person
- Extended team can attend, dial in or video call
- 20-30 patients discussed at each meeting
- ICT Coordinator completes Action Plan and a Tracker to monitor completion
- “Discharge” decisions based on professional consensus

Evaluation scope and process

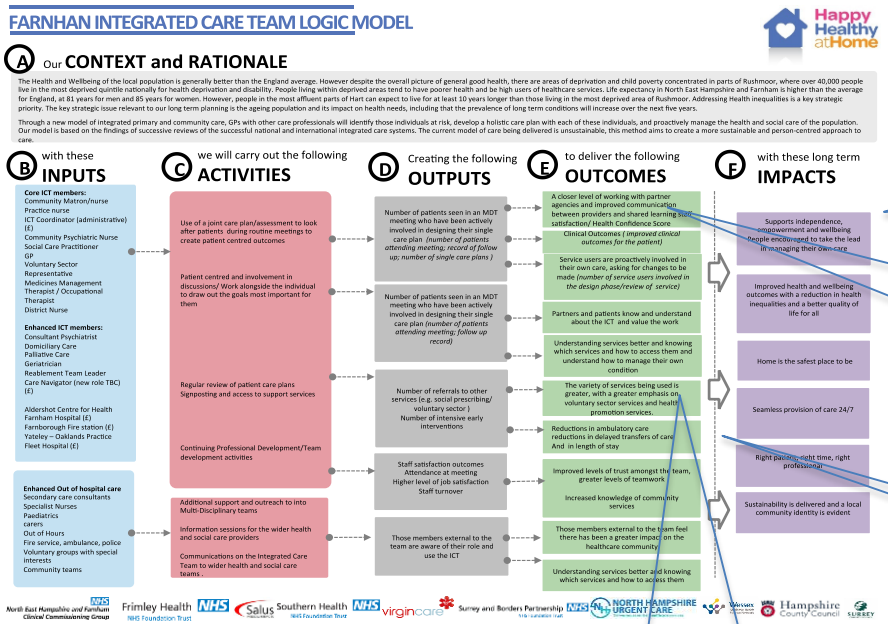
We evaluated 23 services over 2 years



A typical evaluation process:

- A meeting with the service understand the service and its aims and to develop a **logic model**.
- **Co-design** the evaluation, methods and timescales.
- **Circa 3 months** of focused data collection, observation, interviews and analysis.
- **Report writing**, discussion with the team, presentation and approval from evaluation steering group.
- Joint presentation by service team and evaluation team at a **Symposium**.

Farnham ICT – what they did and what they wanted to understand



Improved personal wellbeing; confidence to take responsibility for their own health; and experience of care.

Closer level of working with partner agencies and improved communication and understanding between providers.

Improved levels of trust and greater levels of teamwork

Reduce A&E attendances and emergency admissions to hospital – driving financial savings.

Evaluation methods

These are the principal **evaluation methods** that have been used.

Self reported outcomes

A set of short, generic, validated person reported outcomes measures that can track changes in how people feel over time as they experience a new care model. Widely used for patients and staff.

Activity impact

Analysing pseudonymized patient records to measure the impact of new care models on activity levels in other services – principally hospital emergency services.

Economic evaluation

Modelling evidence of an impact on activity levels over time to estimate potential system savings. Comparison with costs to identify a potential return on investment.

Team observation and evaluation

Observing teams in practice using Normalisation Process Theory - a validated evaluation tool to understand the extent to which a team was able to embed the implementation of the new care model.

Qualitative interviews with patients, carers and staff

Experienced researchers undertaking structured interviews using qualitative methods to explore the extent and nature of a change.

Themed analysis of case studies

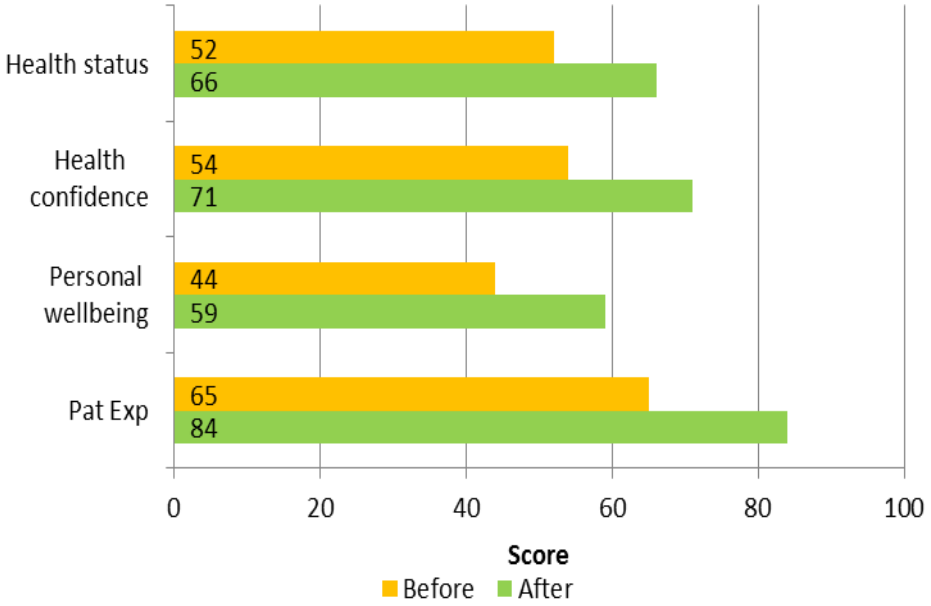
Experienced researchers undertaking thematic analysis of case studies collected by staff.

Synthesising findings

Synthesis meetings bring together all of the people involved in gathering the data and evidence from quantitative and qualitative sources. All of the material was pooled and worked through together to triangulate the evidence and identify and agree findings.

Self reported outcomes from patients

The **total vanguard scores** before (at referral) and after (once supported) – covering 3300 responses



The **biggest improvements** were:

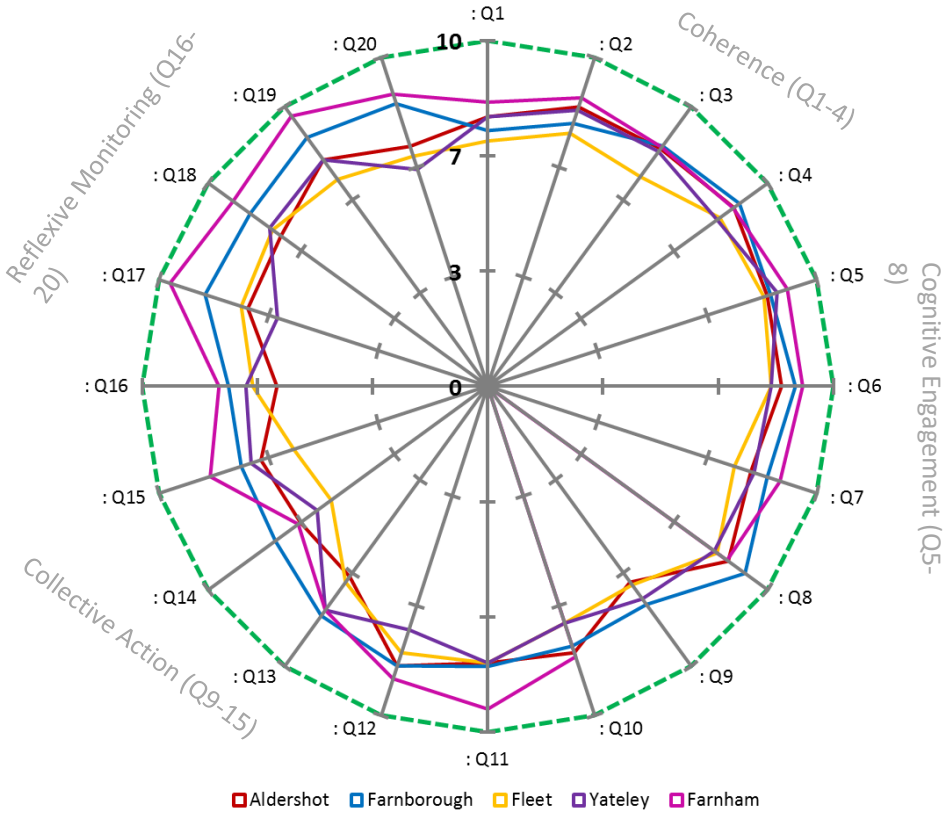
- Experience: Well Organised
- Health Confidence: I can get the right help if I need it
- Experience: Listen and explain
- Experience: See you promptly

Improvement Before After

Team Evaluation for 5 different locality ICTs

Centre for Implementation Science

NPT survey scores for each locality Integrated Care Team



Scores closest to the green line are better (higher scores are positive/ better)

.

- **Coherence** – evidence that team members believe there is a move from reactive to proactive care. The role of the Paramedic Practitioner was widely recognised to have made a big contribution to the teams' practice
- **Cognitive engagement** – non-participant observation and focus groups confirmed high levels of buy-in in all ICTs.
- **Collective action** – focus groups identified the following common barriers and drivers to the work of the ICTs:

Barriers:
Staff shortages and competing demands
Not understood by other parts of the system
IT and Information Governance

Drivers:
The multidisciplinary team
Improving patient outcomes
Flexibility and autonomy

- **Reflexive monitoring** – ICTs were able to follow individual patients but have less information on the overall impact they are having and how they are perceived by others.

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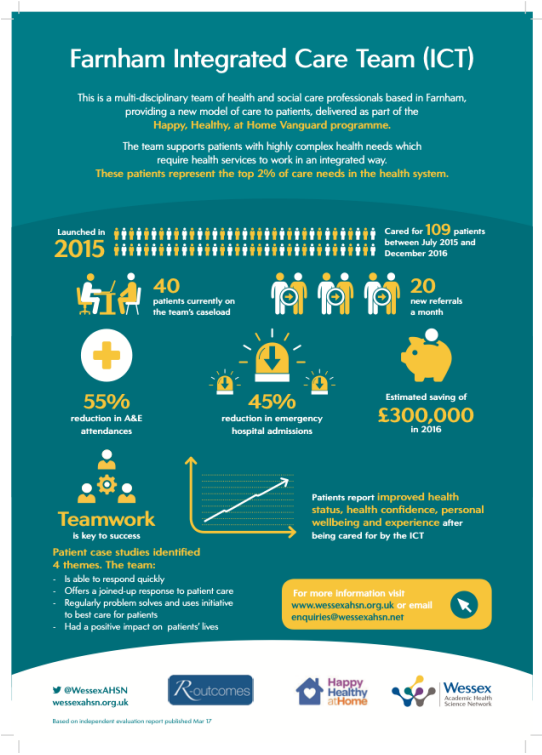
How we ensured that evaluation influenced action

- A **co-designed** approach
- **Symposia** to share the learning
- Interim feedback to **Community of Practice** events
- NPT evaluation at **team away days**
- Self-reported outcome measures included in **monthly system dashboards**
- **Flash cards** of summary findings
- **Timely evaluation reports**



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Our tips for successful evaluation of integrated care

- ✓ Relationships
- ✓ Understanding value
- ✓ Maximising benefit through the formative use of findings
- ✓ Evaluation champions
- ✓ Adaptability
- ✓ Evaluability
- ✓ Understand ‘how people feel’ about integrated care
- ✓ Independent analysis, but co-designed process

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THANK YOU

Wessex Academic Health Science Network

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East Toronto Health Partners

Using a Learning Health System Approach to Evaluating an Ontario Health Team in East Toronto

Mark Fam, Vice President Clinical Programs, East Toronto Health Partners (ETHP)

Sara Shearkhani, Evaluation Lead, ETHP

Anne Wojtak, Lead, ETHP

Building an Ontario Health Team for East Toronto.

East Toronto Health Partners

MICHAEL GARRON HOSPITAL

WOODGREEN
Opportunity made here.

South Riverdale COMMUNITY HEALTH CENTRE

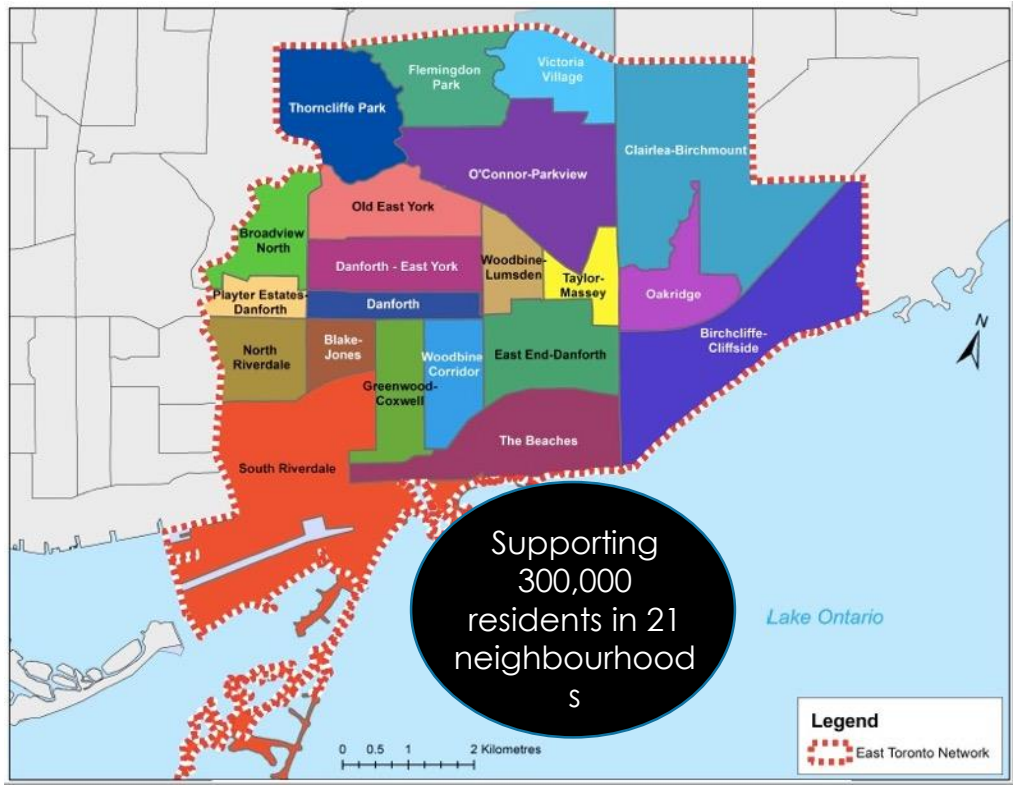
VHA Home HealthCare
Creating More Independence

PROVIDENCE Healthcare

EAST TORONTO FAMILY PRACTICE NETWORK

Who We Serve in East Toronto

Partnership Model: An Anchor Partnership model with an evolving network of health, community care and social service providers.



East Toronto Health Partners

Achieving the Quadruple Aim via our ETHP Vision

Vision: *A System without Discharges: A Seamless Continuum of Care that is Population Health-focused, with Programs Tailored to Local Communities*

ETHP invests over $1M into collaborative hospital and community-based initiatives to meet local needs:

Flu vaccinations, community outreach, primary care capacity, enhanced home care, ED capacity….

East Toronto Health Partners

Evaluation

East Toronto
Health Partners

Evaluation Aim and Approach

- **Aim:** Creating a learning system within East Toronto OHT by embedding rapid cycles of evaluation to support learning, knowledge transfer, and decision making for scale and spread of our new model of care by:
  - Co-developing an OHT evaluation framework
  - Creating an evaluation community of practice
  - Supporting decision-making and Knowledge Translation (KT)
- **Approach:** Developmental Evaluation (DE)
- 15 Surge projects were chosen to be part of DE

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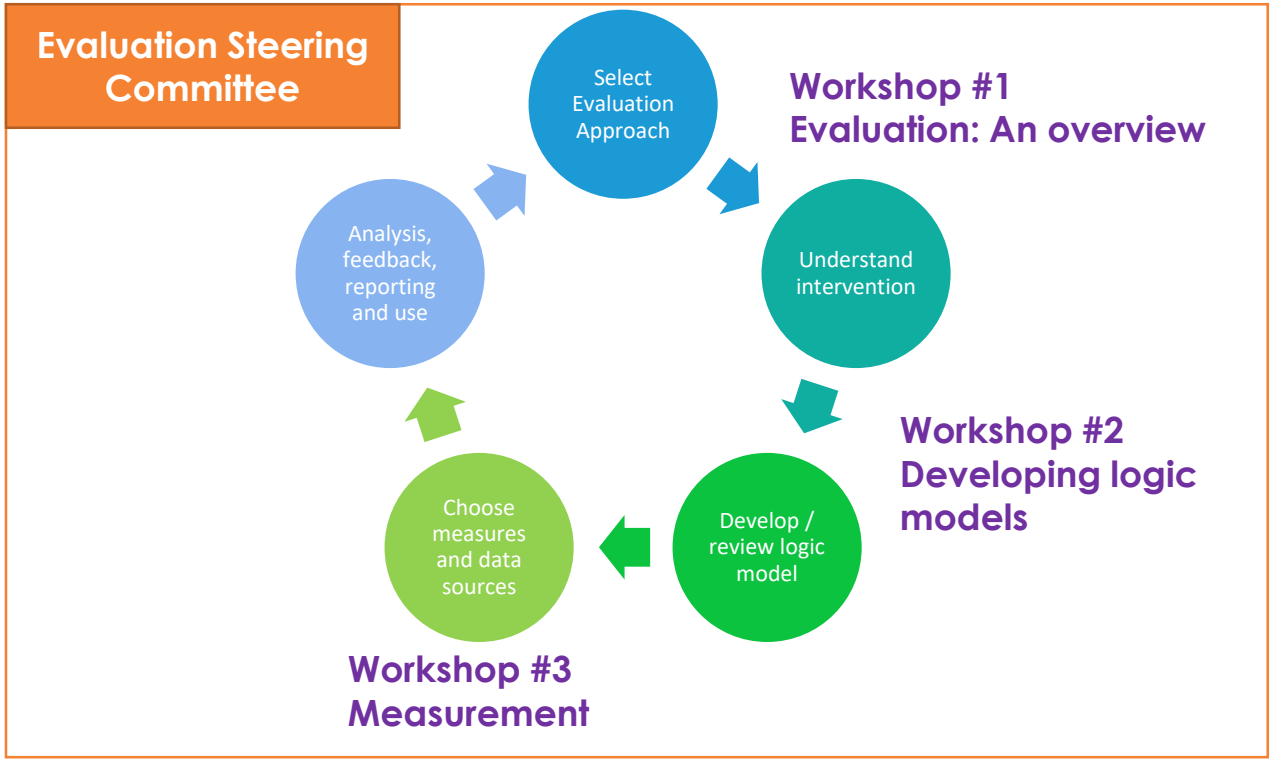
Evaluation Framework



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1. Wodchis, W., Gray, C.S., Shaw, J., Kuluski, K., Embuldeniya, G., Baker, G.R. and Kirst, M. (2021), "Evaluating Integrated Care", Kaehne, A. and Nies, H. (Ed.) *How to Deliver Integrated Care* (*European Health Management in Transition*), Emerald Publishing Limited, Bingley, pp. 161-182.

Evaluation Plan: ETHP Template

1. **Logic model: Flexible funds to support early discharge for patients with non-medical needs (A Surge project)**

Resources	Activities	Outputs	Outcomes	Impact
• Staff • Admin support • Community partners • Funding • …	• Identify & assess patients • Identify barriers to discharge • Put in a request • …	• #requests • # enrolled patients • Type of services • …	• Reduced length of stay • Improved discharge process • …	• Alleviate winter surge pressure **Population:** Patients who are eligible to be discharged but are unable to leave due to non-medical issues

East Toronto Health Partners

2. McKellar K. Ontario Health Team Logic Model Development Exercise. Toronto: Health System Performance Network. 2020.

Evaluation Plan: ETHP Template

2. Evaluation questions: Flexible funds to support early discharge for patients with non-medical needs (A Surge project)

Type	Questions
Process focused questions	• Who are the patients being identified? (How does that compare with the intent?) • **What are the common barriers to discharge?**
Outcome focused questions	• Did the program reduce length of stay?

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Evaluation Plan: ETHP Template

3. Measurement table: Flexible funds to support early discharge for patients with non-medical needs (A Surge project)

Activity/Output/ Outcome	Identified Measures	Source of data	Approach to data capture	Frequency of reporting & Audience	Associated Actions & Responsibility
Identify barriers to discharge	Identified barriers by staff	Staff perception	Focus group	One time (end of March)	X to run a focus group; analysis by Y
	Type of services/ equipment purchased	Patient's record	Document analysis	Twice (mid Feb–end March) with evaluation team, executive & staff	Z to update tracking sheet/ analysis by Y

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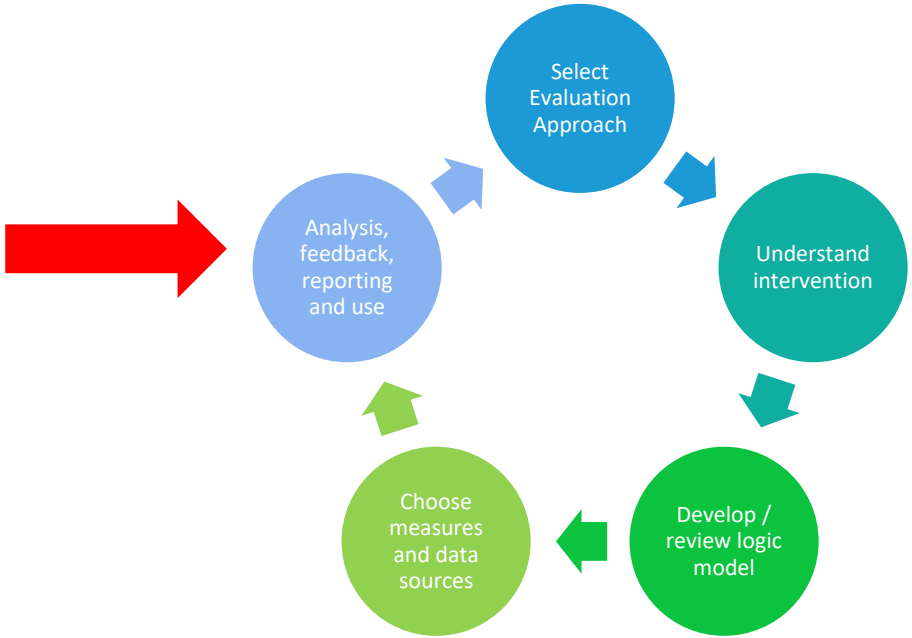
Analysis, Feedback, & Reporting



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1. Wodchis, W., Gray, C.S., Shaw, J., Kuluski, K., Embuldeniya, G., Baker, G.R. and Kirst, M. (2021), "Evaluating Integrated Care", Kaehne, A. and Nies, H. (Ed.) *How to Deliver Integrated Care* (*European Health Management in Transition*), Emerald Publishing Limited, Bingley, pp. 161-182.

Next Steps

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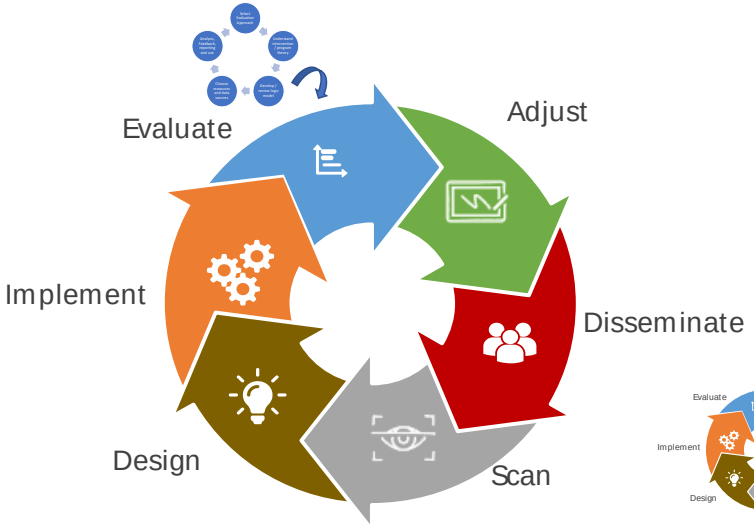
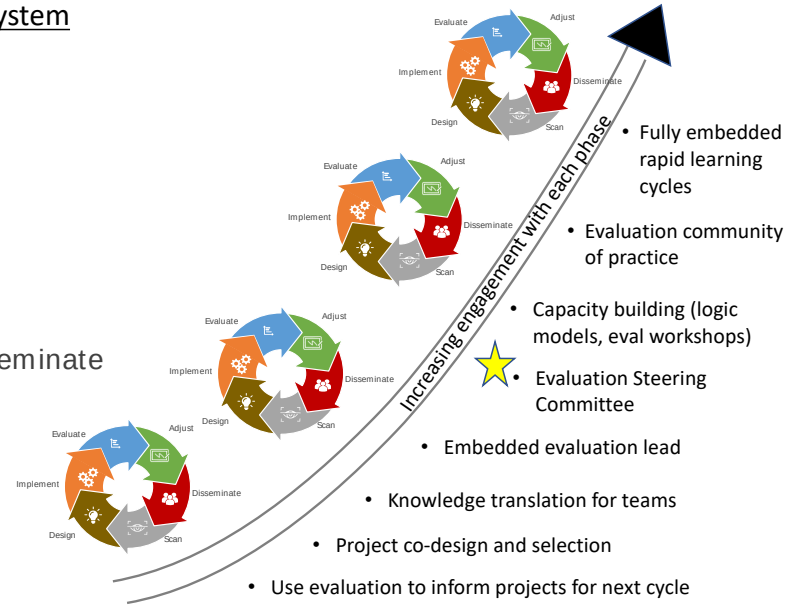
Maturing as a Learning Health System

East Toronto Health Partners – Maturing as a Learning Health System

The Six Phases of a Rapid-Learning Health System



Greene SM, Reid R & Larson E. Implementing the Learning Health System: From Concept to Action. *Ann Int Med 2012:* 157: 207-210



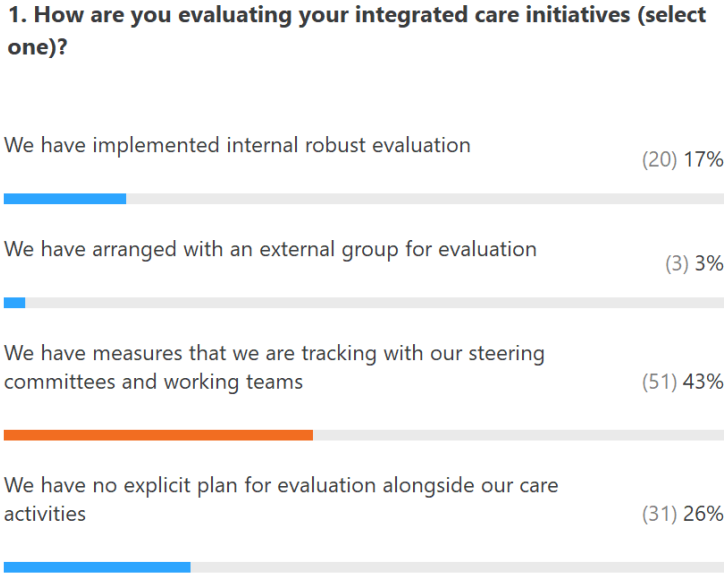
East Toronto Health Partners

East Toronto Health Partners

Thank You

Poll 4

How are you evaluating your integrated care initiatives (select one)?



Discussion Question & Engagement

How would you understand how integration feels for (is experienced by) staff and patients?

Use the chat to all panelists and attendees to respond to this and ask questions.

Linking System Evaluation with Local Implementation

Walter Wodchis
Professor & Research Chair

Evaluating Integrated Care

9

EVALUATING INTEGRATED CARE

Walter Wodchis, Carolyn Steele Gray, Jay Shaw, Kerry Kuluski, Gayathri Embuldeniya, G. Ross Baker, and Maritt Kirst

INTRODUCTION

While integrated care programs are proliferating around the world, rigorous measurement and evaluation of the intended and unintended effects of these programs are rarely undertaken or reported on outside of well-funded research programs. There are a number of reasons for this lack of evaluation, including a failure to include measurement and evaluation in implementation plans, a lack of funding for evaluation activity, limited local evaluation expertise and resources, and persistent challenges associated with measurement and evaluation in complex interventions. Therefore, aside from a few notable international examples, much of our understanding of integrated care programs is descriptive, focusing on case studies that typically summarize what was implemented, and in some cases how it was implemented, but far less often on what outcomes were achieved.

Evaluating Integrated Care

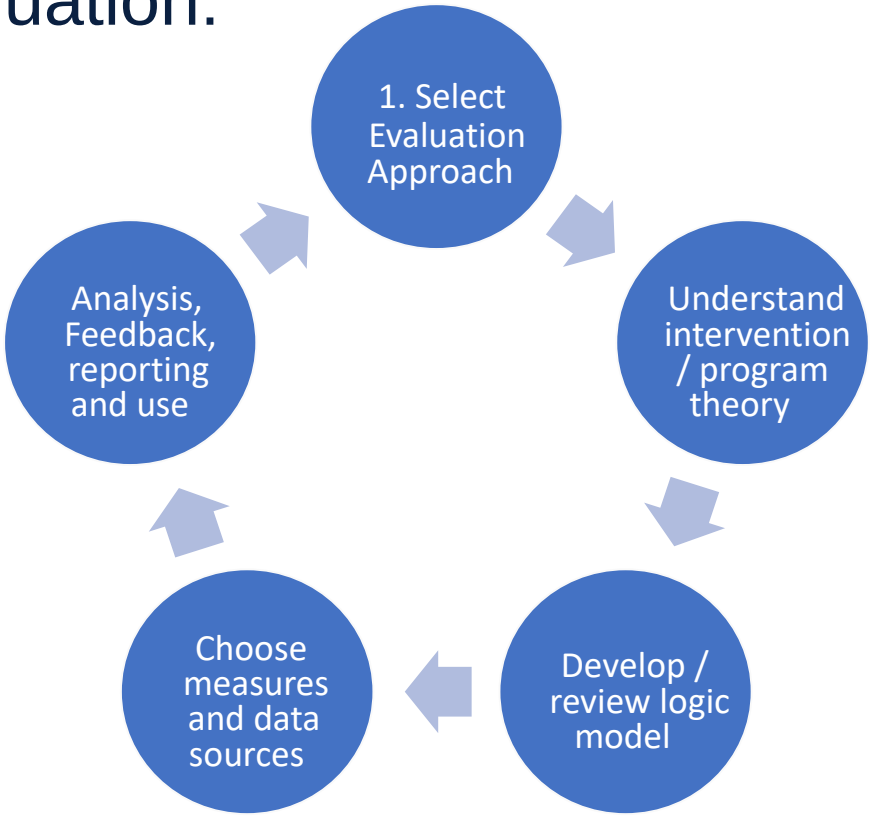
Evaluation Goal	Purposes	Methods
Summative	Determine effectiveness	Comparisons with unexposed
Formative	Improve design	Descriptive
Developmental	Support innovation & development	Qualitative & quantitative Rapid feedback
Realistic	Context and mechanisms	Qualitative & quantitative

Evaluating Integrated Care

Other considerations:

- Priority populations
- Conceptual frameworks
- Logic models
- Measurement & data capture
- Analysis and reporting

Steps to Evaluation:



Steps to Evaluation:

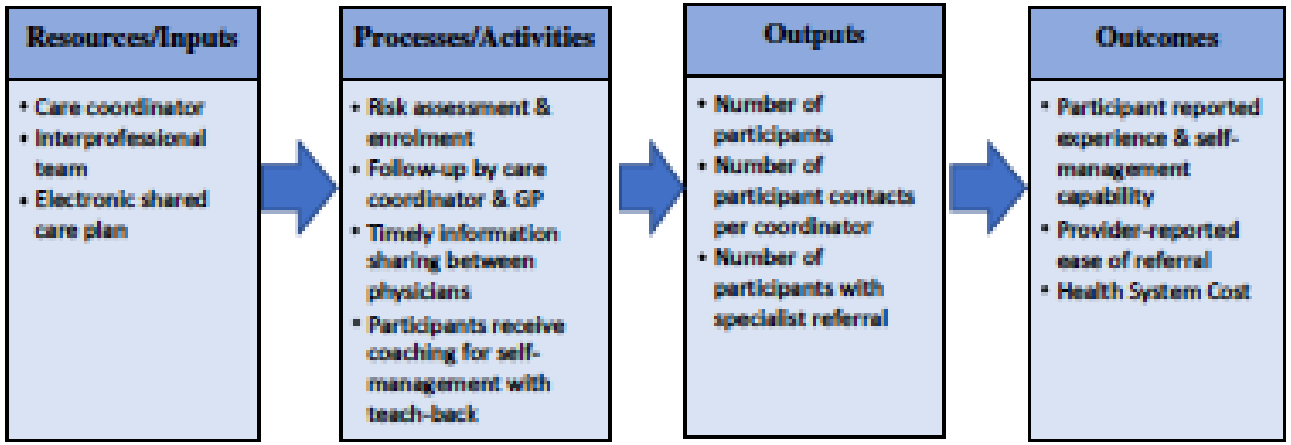
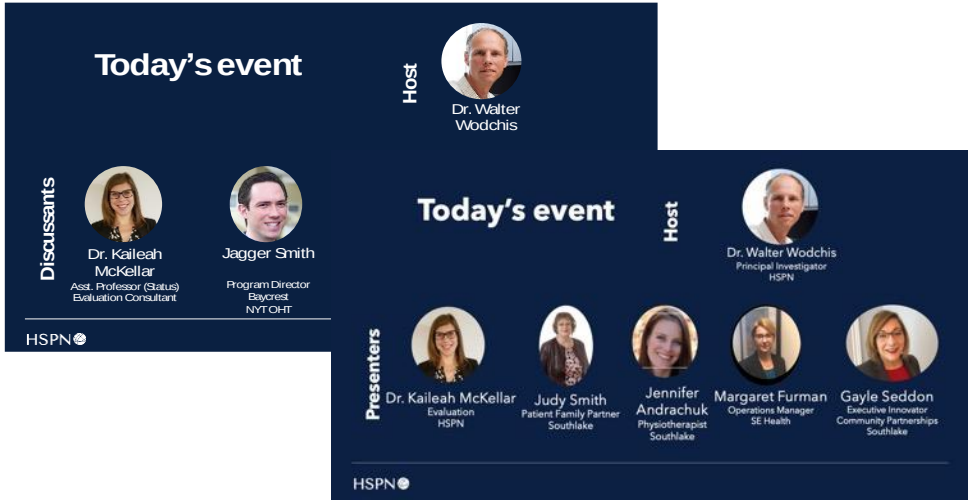


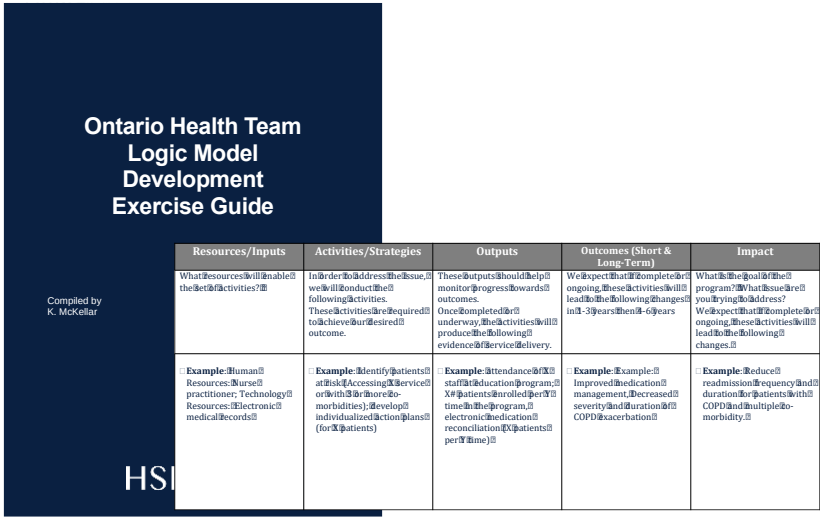
Fig. 9.1. Example Logic Model.

Some resources translated to https://hspn.ca/evaluation/oht/

Webinars: Feb & Nov 2020



Logic model development guide + templates



Linking System Evaluation with Local Implementation

External Evaluators:

- Can provide unbiased evidence regarding the development and implementation success of integrated care programs.
- Often have access and use of external datasets to identify and create ‘comparator’ cohorts / counter-factual information.
- Can bring expertise in advanced evaluation methods such as Developmental Evaluation, Realist Evaluation, Quasi-Experimental designs.
- Can co-design evaluation goals and objectives.
- May provide more robust results.

Linking System Evaluation with Local Implementation

Local Evaluation:

- Can quickly build trust through existing relationships.
- Can provide highly adaptive coaching on evaluation approaches (setting evaluation questions, developing logic models, determining data sources).
- Less expensive (in-kind resources).
- Easier access to local patient data (local use, not transferred)
- Needs to be an organizational priority.

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Thank you!