HSPN HEALTH SYSTEM PERFORMANCE NETWORK

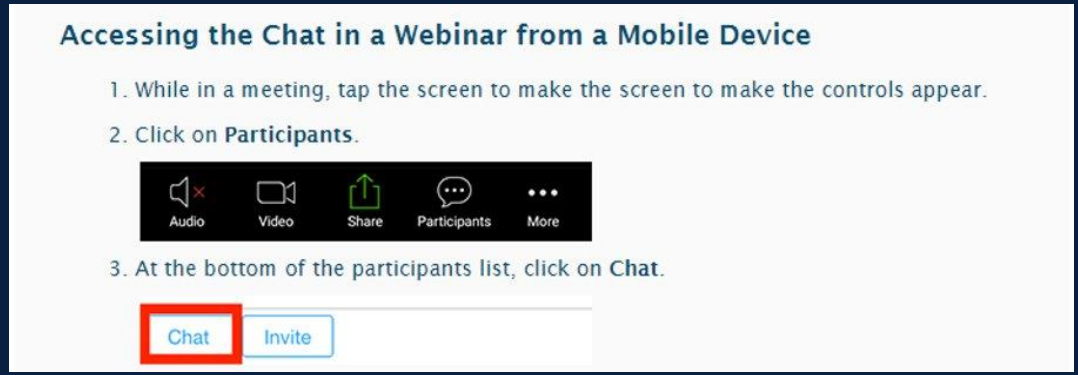
The Generation of Integration:

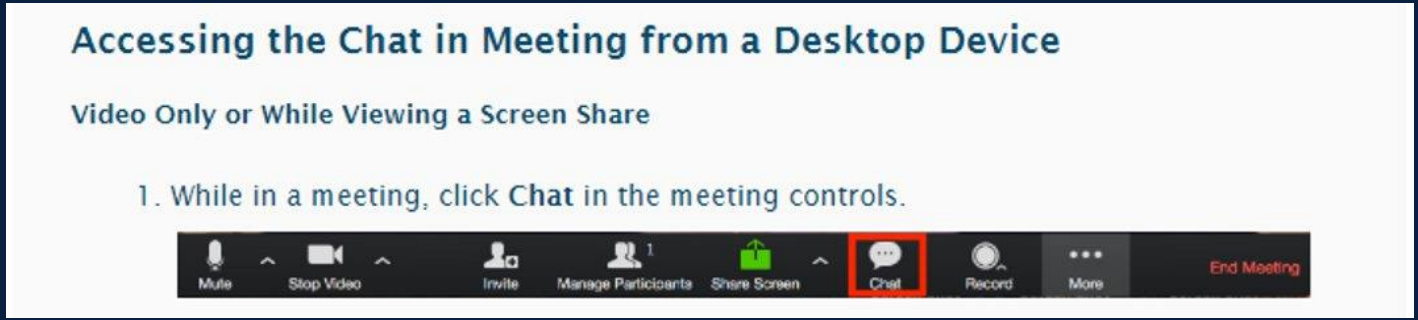
Lessons Learned in Ontario, Canada

HSPN Webinar - October 27, 2020

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself
(name & OHT or other org)
to <u>everyone</u> in the chat box





Poll 1

Have you joined us for an HSPN webinar previously?

- Yes
- No. This is my first event.

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 most recently, the Mississaugas of the Credit River. 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.

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.

Central Evaluation Team

Co-Leads

Dr. Walter Wodchis

Dr. Ruth Hall

Team Members

Dr. Gaya Embuldeniya

Dr. Shannon Sibbald

Dr. Kaileah McKellar

Jennifer Gutberg

Nusrat S. Nessa

Amanda Everall

Today's event

Host

Dr. Walter Wodchis
Principal Investigator
HSPN

Presenters

Dr. Gaya Embuldeniya
Cultural Anthropologist,
HSPN

Carolyn Gosse
Vice-President/President
St Joseph's Health/Home Care

Dr. Agnes Grudniewicz
Assistant Professor
University of Ottawa

Jennifer Bowman
Vice President
Unity Health

Mark Fam
Vice President
Michael Garron Hospital

Overview

1. Lessons Learned From Health Links
    a. Academic: *Agnes*
    b. Practice: *Jennifer and Mark*
2. Lessons Learned from Integrated Funding Models
    a. Academic: *Gaya*
    b. Practice: *Carolyn*
3. Discussion

Poll 2

Which category best describes your role as it relates to OHT implementation?

- Patient or Caregiver
- Healthcare administrative leader in OHT (approved or otherwise)
- Healthcare provider in OHT (approved or otherwise)
- Ministry or Government Agency
- Group formally supporting OHTs (e.g., RISE, etc.)
- Everyone else

Poll 3

What do you know about Health Links or the Integrated Funding Model Pilot?

- Quite involved in both
- Quite involved in one or the other
- I know about these but not involved
- I don’t know much about these initiatives
- Health Links are really good sausages

TELFER

ÉCOLE DE GESTION TELFER SCHOOL OF MANAGEMENT

Health Links: Complexity-Compatible Policy

Agnes Grudniewicz, PhD

University of Ottawa

October 26, 2020

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‘Complexity-compatible’ policy for integrated care? Lessons from the implementation of Ontario's Health Links

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The Study

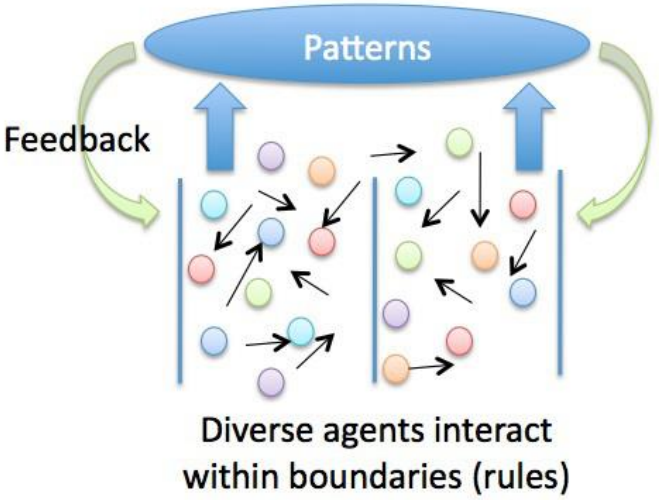
- Interviews with 55 clinicians and administrators
    - August 2014 - February 2015
    - 26 employees from all 14 LHINs
    - Covered 38 of the 56 approved HLs at the time
        - Primary care (48%)
        - Hospitals (35%)
        - Community-based organizations (17%)
    - Interview transcripts coded with key concepts from complexity literature

Complexity Lens

Linear View

- **S** • Integrated Structures
- **P** • Integrated Processes
- **O** • Integrated Care

Complexity View



Health Links

- Considered **‘complexity-compatible’**
  - Implemented as **‘low-rules’**
  - Meant to stimulate **grass-root** solutions to local problems
  - Encouraged **new relationships** between organizations across social and medical sectors

Results

Identified 3 main themes in the data:

1. Sensemaking & Interconnections
2. Self-Organization
3. Co-Evolution and Emergence

Sensemaking & Interconnections

How people work to understand new or confusing events.

- Sensemaking was facilitated by **connections** with other organizations
- Sensemaking was influenced by **receptivity to a 'low rules' approach**
    - Past experience
    - Personality

Self-Organization

Process where people and organizations mutually adjust their behaviours to achieve order spontaneously without external direction or control.

- Structured vs. iterative approach
- Pre-existing self-organization

“That’s where we’ve seen the biggest impact of Health Links, in environments that were ready for Health Links, who were practicing Health Links long before Health Links.” LHIN7

Co-Evolution & Emergence

Co-evolution: process of the system influencing its environment, and the environment influencing the system simultaneously

Emergence: the creation of new properties

Mostly only in people's **vision** for HLs

- Push toward moving **from local to system change**
    - Desire for stronger governance, MOUs, and creation of HLs structures less dependent on LHINs
- Desire to **influence** Ministry and broader initiative

System-Level Change

Need for a **clear vision from the Ministry**

Need to move from ‘coming together’ to **sustainable improvements** in care coordination

Systems focus needed to **move resources** across organizations to where they are required most

Challenges

- HLs had difficulties moving **from sensemaking to practice change.**
- Standardization vs. flexibility

“But it's almost too late. You know, people have done the work and they're on their way. And now you want them to conform to something else. It's very difficult.” (LHIN9)

- Fragmented learning and change
  - Investment into small, disparate initiatives without facilitating the **flow of learning** into large-scale, coherent solutions to system problems

Lessons Learned

‘Complexity-compatible’ policy stimulated experimentation and learning

- Resulted in a **piecemeal and patchy** approach
- Not everyone has a **‘complexity-sympathetic’ mindset**

Need to have ‘enabling leadership’

- **Disseminating** innovation from bottom up into formal systems
- Coordinating self-organizing systems with existing, top-down hierarchies

Requires a ‘dance between flexibility and consistency’

- The **adaptable periphery** and **core components**
- Risks a lack of consistency in quality
- Require **feedback cycles** for learnings to move up the system

Conclusion

Only some settings were successful - innovation failed to flow upward to higher levels to **scale** the initiative.

Policy for integrated healthcare is more than simply **‘letting a thousand flowers bloom’.**

Recommendations:

1. Foster and leverage contexts that **have capacity to deal with uncertainty and ambiguity**
2. Develop **feedback mechanisms** for bottom up learning
3. Allow for local variety, but include regular **nudges toward consistency**

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HSPN HEALTH SYSTEM PERFORMANCE NETWORK

The Generation of Integration:

Health Links in Ontario, Canada

Agnes Grudniewicz, PhD
Telfer Business School, University of Ottawa

HSPN Webinar Series – October 27, 2020

Fireside Chat with Mark Fam & Jennifer Bowman

HSPN HEALTH SYSTEM PERFORMANCE NETWORK

The Generation of Integration:
Integrated Funding Models in Ontario, Canada

Gaya Embuldeniya, PhD
Institute of Health Policy, Management and Evaluation, University of Toronto

HSPN Webinar Series – October 27, 2020

The IFM Programs

- Six pilot integrated funding models (IFM programs) were selected by the MOHLTC in 2015.

- Programs:
    - Included hospital and community organizations
    - Varied in scale & chosen clinical condition
    - Provided patients coordinated care from hospital to home, typically with care-coordinator role
    - Featured integrated care pathways; offered 24/7 telehealth

- Aim: Integration would result in efficiencies (shorter hospital stays, cost savings), & better patient outcomes/ experience.

Objective & Methods

- **Objective**
  - How was integration generated?
    - Integration as process, generated by interplay of contexts & mechanisms
- **Methods**
  - Forty-eight interviews:
    - organization leaders, managers, integrated care coordinators, clinical champions across hospital-home continuum; LHINs and Ministry
  - Analysis: Thematic analysis, informed by realist framework; how systems/ organizations & people/ ideas came together

Results

- Integration implicated by/ generated through…
  - Program structure (program scale, organization size, resources, etc.)
  - Leveraging existing partnerships
  - Building trust
  - Developing thoughtful models
  - Engaging clinicians
  - Sharing information

Program Structure

- The challenge of collaborating with organizations of different sizes/ resources:

“There’s a new tool that they’re [larger, better-resourced partners] introducing for the occupational therapists. . . . It’s time over and above what they’re doing already, their assessment. . . . We’re trying to pick it up… okay, is this tool that they’re using for discharge, does it make sense that we change to this? Is this a good thing? And not just blindly do something.” (Program 1; 5/ Stroke)

Leveraging existing partnerships

- The ease of collaborating with organizations that had worked together for a long time:

"[I]t was obvious when we went into this discussion that we would include all 3 partners. That this is kind of how we roll… Bumps have [been overcome because we've] been so comfortable saying, yeah, I'll take that on, I'll get that out of the way, I'll make that change over here, I'll absorb those costs—knowing that there was a trust factor, right, and we were all in this together." (Program 2; 5/ UTI, Cellulitis)

Building Trust

- The development of trust between organizations that had never worked together:

"Initially… there seemed to be a lot of withholding from [partner organization] on what their policies looked like… They didn't want them to go into the hands of other service providers in the community because of competition. So they had to trust us enough that we just want to see your policies to make sure that they coincide with what we are saying so that there's not big gaps in how we would provide dressing changes or IV therapies or whatever." (Program 3; 2/ Cardiac Surgery)

Thoughtful Model Development

- Developing risk-sensitive, inclusive models:

"[W]e said, what if volume is up 10% [but the] referral rate is exactly the same? […] What do we do if […] 2 of the hospitals are referring at a much higher rate than previously?... And then what if the volume is low?" (Program 4; 1/ COPD, CHF/ 15 partners)

"The first thing we did is process mapping with a whole bunch of providers. And the process map would have wrapped around the wall…Then we parked that and we did the same thing with patients…, then we did it with what the best practices are. We put all three of those together and that created this giant view of the patients' perspective, the providers' perspective, and the best practice, and we looked at where the gaps were and what we needed to do differently to rectify the gaps." (Program 6; 6/ COPD, CHF/ 4 partners)

Engaging Clinicians

- The facilitation and incentivization of physician engagement:

"[Physicians] were very excited to think that we would have a respiratory therapist (RT) following a COPD patient into the community. . . . And so if the RT clinical care coordinator wanted to call the respirologist, they already have that relationship. . . . [v]ersus, you know, a CCAC care coordinator where they don't have that relationship and don't have the confidence or the trust that they understand how to titrate oxygen or something." (Program 5; 6/ COPD, CHF)

Sharing Information

- Information-sharing and the transformation of culture:

"[A]t the start of the project, they [hospitalists] got the cool factor about the dashboard. But when the team said "When would you like to see this?" they said, "Well, we really don't. Call us when you need us." Which kind of perpetuates the don't call me until there's a problem and then I'll do it. But the team was very expert at slipping in the dashboard so the physicians could see it before there was a crisis. […] Now physicians [are] more aware of what happens in home. And so that is new information to them. Secondly, it's also helping them become more integrated and supportive of the in-home care team." (Program 6; 8/ COPD, CHF)

In Conclusion…

- Integration was generated at the successful confluence of people, practice, and things
- While all 6 factors helped foster integration, not all were prerequisites
  - E.g. integration could be generated in the absence of a history of collaboration, if other factors compensated (e.g. trust-building)
  - E.g. IT infrastructure helped, but was of little use in the absence of clinician engagement/ uptake
- Interplay between factors produced different forms and intensities of integration

Fireside Chat with Carolyn Gosse

HSPN

Everyone is involved!

Time for discussion and questions

Use the chat-box **<To everyone>** to enter thoughts, reflections and questions

Poll 4

I learned something useful here today that will help me advance our OHT.

- Yes
- No

Up Next:

HSPN Webinar Series

- 4th Tuesday of the Month: 12:00 – 1:30pm

Upcoming Topics:

- ✓ The Generation of Integration: Lessons Learned in Ontario
- A Focus on Measures for Local Evaluation
- Population Health Management
- HSPN OHT Evaluation Measures

… and more.

Everyone is involved!

Question:

Other suggestions for future webinar topics?

Use the chat-box **<To everyone>**

Key Resources Available

Teams are encouraged to access the **ministry's central program of supports** for resources and assistance to improve their readiness to implement the Ontario Health Team model wherever they are in the readiness assessment process.

Teams can access this central program through the Ministry of Health website: http://health.gov.on.ca/en/pro/programs/connectedcare/oht/default.aspx

Ontario
Ministry of Health
Ministry of Long-Term Care

Key resources include:

- **Ontario Health Teams: Digital Health Playbook** – playbook to help understand how providers can build a digital health plan for OHTs that supports the delivery of integrated care (available at MOH website above).
- **Rapid-Improvement Support and Exchange (RISE)** – an interactive website (www.ohtrise.org) that provides access to resources, experts and assistance for potential Ontario Health Teams. Main rapid learning and supports delivery partner.
- **HSPN – Central OHT Evaluation** – evaluation of the progression of teams in discovery and in development through the readiness path, rapid cycle evaluations of implementation to inform OHT candidate's real-time decisions and adjustments, and a comparative evaluation across OHTs. (www.hspn.ca)

RISE
Rapid-Improvement Support and Exchange

HSPN
Health System Performance Network

Everyone is involved!

https://hspn.ca/evaluation/ontario-health-teams/

Follow us: @infohspn

Email: OHT.Evaluation@utoronto.ca

Thank you!