Collaborative Governance: Towards the Next Level of Integrated Care

January 24, 2023 from 12:00 – 1:30 PM EST
IFIC Canada Co-Founders

Jodeme Goldhar  
@JodemeGoldhar

Walter Wodchis  
@WWodchis
Who Was At the Session?

Over 375 Participants Joined Us from 14 Countries Around the World

- Canada
- United States
- Mexico
- Costa Rica
- United Kingdom
- Ireland
- Belgium
- Spain
- Netherlands
- Germany
- Greece
- Lebanon
- Taiwan
- Ethiopia
Land Acknowledgement

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.
Poll Results: We’d Like to Know…

Is This Your First Time Joining the Virtual Community?

- Yes: 63%
- No: 37%
What is the Virtual Community about?

OUR PRINCIPLES

• Connect those with an interest in Integrated Care

• Provide opportunities to learn from leaders in healthcare: including clinicians, policy makers, academics, patients and caregivers

• Develop the skills and capabilities to produce better, people-centred, co-designed integrated care

• Celebrate current integrated care practices throughout North America

• Identify global best practices and how they can be adapted to the context of North America

• Identify the learning needs of the community, and create learning opportunities with these needs in mind

Find out more at: https://integratedcarefoundation.org/ific-canada
Previous Sessions

You can find ALL of our previous sessions at
https://integratedcarefoundation.org/ific_hub/ific-canada-activities
North America’s (1st) Conference on Integrated Care

Access Session Recordings and Conference Abstracts on our website here: https://integratedcarefoundation.org/events/nacic2021-1st-north-american-conference-on-integrated-care-toronto-canada
Today’s Session:

Collaborative Governance: Towards the Next Level of Integrated Care
Goals for Today’s Session

1. Discuss the evidence and research that supports collaborative governance as an enabler to population health.

2. Identify the role that collaborative governance plays in policy and program delivery.

3. Highlight successful approaches to collaborative governance and the potential for impact.

4. Describe how collaborative governance approaches are built and sustained to life through practical examples.
Meet Today’s Speakers!

Mirella Minkman
Chair of the Board of Directors Vilans; National Center of Expertise in long-term care

Paul Wankah
@wankahp Health System Performance Network and University of Toronto President’s Post-doctoral Fellow

Melissa McCallum
@nursemcc Director, Greater Hamilton Health Network OHT

Donald Carty
Patient, Family and Caregiver Advisor; Co-Chair, Barrie and Area Ontario Health Team
Making It All Happen

Trisha Martin
@DebGollob

Niamh Daly Day

Fiona Lyne
@spiderslips
How Knowledgeable are you about the role of collaborative governance in integrated health systems?

- 1- Not Knowledgeable At All: 2%
- 2: 2%
- 3: 3%
- 4: 9%
- 5: 14%
- 6- Somewhat Knowledgeable: 37%
- 7: 13%
- 8: 16%
- 9: 3%
- 10- Very Knowledgeable: 2%
Modes of (collaborative) network governance for next level value creation

Mirella Minkman
Chair of the Board of Directors Vilans; National Center of Expertise in long-term care
IFIC Canada

Modes of (collaborative) network governance for next level value creation

Prof. dr. Mirella Minkman

- CEO of Vilans, National knowledge center for care & welfare
- Professor Tilburg University – Organisation and governance of integrated care
- Board member International Foundation of Integrated Care

January 24, 2023
Short introduction

- **CEO of Vilans**: National Knowledge Center for Care & Support
  - National large scale implementation programs: Integrated care in the region
  - National Dementia Program (second edition)
  - Transforming 1st line-general medical care
- **Professorship at Tilburg University**: Innovation of the organisation and governance of integrated care
  - EISON: New research project 4 domains about innovation supervision for integrated (care/education/safety/living) services
- **Chair** of the National Innovation and Advisory Committee on Governance
  - Compact research, advises → Improvement of the National Governance Code
- **Chair of the Scientific Advisory Board** of the NVTZ (National ass. of internal supervisors health care)
  - New publication of governance of networks (spring ‘23)
Societies have to move forward in new times

- International number of similar **challenges**
- “Feeling or being healthy” as a wicked intertwined issue for societies
- **Pressure**: changing demographics, shortage of staff, slow implementation modes while there is urgency. Sometimes polarisation.
- Need for involving communities/civilians: everyone! But: facilitate them
- For leaders: **new modes of governance**, inter-organisational connections are key

- To move forward: **three sources of knowledge** needed: science, professional knowledge and experiences of people
International strategies for next level integrated care:

- **Strengthening informal care**(rs): single point of entry, empowering communities, learning professionals to collaborate with informal carers, re-ablement

- **Broad perspective on health**: social, educational, work, income. The total needs are the starting point for organising care, mostly at home. Digitally supported, digitally connected.

- **Development of inter-organisational health/service networks**
  - Rethink what to do on what scale (local, regional, national)
  - Innovate the governance of these networks: also accountability & supervision
  - Rethink decision making and phasewise progress making
  - Don’t forget: people and relations are key! (beyond implementing structures)

- (National) policy incentives that reward collaboration and acceptable (financial) results

*Source: IJIC 20th Anniversary Issue - Volume 21 - 2021*
Transforming governance:

When do (regional) service networks work and with what governance?
Turnaround in governance

Rethink structure

Refresh governance

Commit people

Supportive accountability & supervision

Suiting structure & making decisions

Learning, building, involving

Who is involved, when and with what mandate

Shared responsibility and commitment, building skills, values

Supervision beyond organisations. Accountability towards society

beyond professionals, leaders and organisations, collaborative – inter organisational network governance
Network modality

Decision making & mandate

Trust & values

Making progress

Citizen involvement
Public-private interactions
Decision making & mandate

Making progress

Network modality

Trust & values
Modalities of network governance

- Different “modalities”: per mode common ‘wisdom’
- Factors: number of organizations, neutral facilitator? Inclusiveness
- Always: ‘double commitment’: own organisation & the network
- And: multiple networks in one region, so there is more and more a multi-network-governance issue.

(Ref: Provan & Kenis, 2008, Nowell et al 2017)
Network modalities

Basic lessons from science & practice

- Think about the network design and governance. A network/region = not a project
- Rethink the suitability of the scale
- Work & think phase-wise
  - There are four phases of development; all multiple years
- Evaluate periodically; adjust, and dare to stop or change
- Do not create ‘steering boards’ that do not add value
Perspective papers

Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance

Author: M. M. N. Minkman

Abstract

For organising person centered care, an important issue is how to deal with scale. This addresses what to organise on what level (in the neighbourhood, local, in the region, national). With the increasing complexity of organising integrated care in networks, issues are an ingredient of integrated care governance. However, there is a lack of empirical studies that treat scale as an object of study in itself. Scale is an outcome of the interplay between many different interests, values and perceptions of people involved in the broad social and political processes. Five factors for suitable scales are discussed, emphasising the relevance for integrated care governance. These factors show that the classical meso-macro thinking oversimplify reality and more knowledge about suitable scales is needed.

How to Cite: Minkman M M N. Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance. International Journal of Integrated Care: 30(2020)30.

DOI: https://doi.org/10.4178/jic.20.5

Vilans
Decision-making and mandate in networks

*Basic lessons from science & practice*

- Effective decision-making is important for making progress; but often lacks attention

- Describe the decision-making process. Often not written down, so when do we have ‘consensus’?

- Does it work in practice? Decisions must support the shared mission

- Evaluate & reflect periodically

- Mandate: complex in networks, but sometimes necessary
Decision making approach can vary within one network
• Who will experience the consequences of the decision?
• Who has a mandate to decide?
• How many parties are involved?
• Do they already know or trust each other?

Options:
- Decision can be made by one person – others provide input
- Sub-comités / working groups have mandate to decide (theme)
- Decision by majority
- Decision by unanimous support
Renewal of supervision

- Netherlands: new **EISON research** (VU & Tilburg University)
  - Supervision (internal) focuses on the organisation and on the CEO/Board
  - How does supervision of networks look and be effective? 8 cases
  - External supervision (f.i Inspectorates): value is deliverd by the shared service

- **Boards have a complex three-double task:**
  - Running your organisation
  - Innovating your services and way of working
  - Effective collaborations: acting in complex alliances
Decision making & mandate

Making progress

Network modality

Trust & values

Citizen involvement
Underlying Values do matter

- it is not all about processes and arrangements......it is about behavior
-18 values defined that lie underneath integrated services delivery.

Study with the WHO (Zonneveld):
- Despite different contexts: all 18 values are confirmed *but*
- Partners like policy makers, researchers, professionals and users/clients do have different value priorities!
- Different accents across Europe: for instance regarding ‘co-produced’ and ‘efficient’
- How to operationalize values effective?

Inclusive and collaborative governance

- **We need** to involve society – community in times of difficult choices. Using knowledge in stead of (only) politics and media
- **New ways** in stead of ‘formal committees’
- But also inside organisations:
  - Nurses/professionals in boards – connected to leadership/boards
  - **Combining** traditional committees to the shared goal
  - Using the wisdom of the crowd and hearing the silent voices: deep democracy methods.
  - Using technologies to include more opinions
How to involve citizens? Example from Finland
A lot to do and learn!

It also in our hands
Contact

Prof. dr. Mirella M.N. Minkman

CEO / Chair of the Board
Vilans, Center of Excellence in long term care

Distinguished Professor
Innovation of the organisation and governance of integrated care
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References

Slowing Down to Accelerate: The Innovation of the Fundamentals of Integrated Care Governance

Mirella Minkman

The world is in a hurry, but change is slow. Agreements from the distant future are met today, and we are already able to live in a different future. We have to deal with a situation which has led us towards primary care-based services and integrated care. Clinical care and services are frequently required as an integral part of future health systems. Countries should work on establishing solutions that can keep their health systems current.

International Journal of Integrated Care

Perspective papers

Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance

Author: M. M. N. Minkman

Abstract

For organizing person-centered care, an important issue is how to deal with scale. This addresses what to organize on what level (in the neighborhood, local, in the region, or national). With the increasing complexity of organizing integrated care in networks, scale issues are an immediate issue for integrated care governance. However, there is a lack of empirical evidence on the scale of integrated care governance.

Research & theory

Values Underpinning Integrated, People-Centred Health Services: Similarities and Differences among Actor Groups Across Europe

Authors: Nick Zonneveld, Ludo Glimmerveen, Patrick Kenis, Nuria Toro Polanco, Anne S. Johansen, Mirella M.N. Minkman

Abstract

Introduction: In addition to the functional aspects of healthcare integration, an
References


References


Governance and Ontario Health Teams

Paul Wankah
Health System Performance Network and University of Toronto President’s Post-doctoral Fellow
Collaborative Governance of Ontario Health Teams

Current State of Knowledge

Paul Wankah, Postdoctoral Fellow, IHPME

Collaborative Governance Webinar. January 24, 2023
Connecting Care Act of 2019

The Ministry of Health approved 51 OHTs between December 2019 to September 2021

- 30 OHTs approved December 2019
- 13 OHTs approved December 2020
- 8 OHTs approved September 2021

• **Leadership group:** individuals who constitute the primary decision making group regarding resources, priorities and membership for each OHT.
Purpose

- To better understand the main features of collective governance of OHTs.

Specifically,
1. To describe the composition of OHT leadership groups.
2. To explore the perceptions of leadership group members on their collective governance.
1. Factual Information about OHT Leadership and Governance Composition

• Data collection
  • Survey was distributed to **Evaluation Lead Contact** for each OHT (N=51)
  • Questions asked about **size, composition, changes in leadership group** and **plans for future governance models**.
  • Forty-nine of 51 OHTs responded.
    • One OHT submitted **incomplete responses** and another OHT was **still establishing** its leadership group
How many members are currently included in your leadership group?

- 5-9 members: 10%
- 10-14 members: 32%
- 15-19 members: 29%
- 20-24 members: 29%

Median = 15 members
To what extent have the individuals that participate in your leadership group changed/turned over since approval?

- 74%: 0-10%
- 14%: 10-24%
- 10%: 25-50%
- 2%: More than 50%
How would you describe the membership of your leadership group?

- Members are chosen to represent the original signatory organizations/partners in...: 61%
- Members are chosen to represent individuals or organizations that contribute...: 20%
- Members are chosen to represent specific health-related sectors (e.g. acute, primary...): 53%
- Members are chosen to represent specific groups/communities (e.g. Indigenous,...): 20%
- Members are chosen for other reasons: 10%
Key findings – Composition of Leadership Governance

- Leadership groups with governance roles are relatively large with the median having 15 members and ranging from 5 - 65 members.
- Leadership groups are relatively stable with 74% of OHTs having a turnover rate of less than 10% since approval.
- Most members represent signatory organisations with half of OHTs aiming for sector representation. Only 20% of OHTs aim to include specific minority groups (Indigenous, Francophones, Racialized etc.) in their leadership groups.
- Only 9 (18%) OHTs have identified future governance models
2. OHT Leaders’ Perceptions of Collaborative Governance

• Data collection
  • Survey distributed to all members of OHT leadership
  • 1423 total distribution
  • 651 (46%) response rate
  • 387 (59%) of respondents were members of the Leadership Group.

<table>
<thead>
<tr>
<th>Sector respondents</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>110</td>
</tr>
<tr>
<td>Acute care (Acute care hospital + Mental health hospital + Rehabilitation or complex continuing care)</td>
<td>81</td>
</tr>
<tr>
<td>Community (Long-term care + home care + community health agency + community support services)</td>
<td>212</td>
</tr>
<tr>
<td>Other (Public Health + PFAC)</td>
<td>29</td>
</tr>
</tbody>
</table>

*Some respondents worked in multiple sectors
Measuring perceptions of Governance

• Survey included questions about:
  • Decision-making
  • Commitment
  • Measurement
  • Effectiveness
Which option best describes how decisions are made in the leadership group about key decisions such as membership, resource allocation or strategic priorities?

- Most decisions are made by membership vote: 81%
- Most decisions are made by consensus agreement amongst members: 12%
- I am unsure of how decisions are made: 5%
- Other: 2%
What option best describes how you perceive the balance of power regarding decisions in your OHT?

- All members have an equal influence in decisions
- Some members carry more influence than others in decisions
- One or two members are making most of the decisions for this OHT

- Primary care (n = 110)
- Acute care (n = 81)
- Community (n = 212)
- Other (n = 29)
How would you rate your level of commitment between the goals of the OHT and the interests of your own organization?

- I fully prioritize the goals of the OHT over the interests of my organization
- I am more committed to the goals of the OHT than the interests of my organization
- I balance the goals of the OHT with the interests of my organization

**Primary care** (n = 110)

**Acute care** (n = 81)

**Community** (n = 212)

**Other** (n = 29)
The development of your OHT has strengthened shared capability to meet the health-related needs of your population?

OHT effectiveness by respondent sector

- Primary care (n = 110)
- Acute care (n = 81)
- Community (n = 212)
- Other (n = 29)
Key findings – Leadership perceptions

- Most OHTs (81%) are aiming to make decisions through consensus approaches.
- About 50% of hospitals report that all members in leadership have equal influence in decisions; primary care and community sector respondents are more likely to report that some members carry more weight than others.
- Hospital respondents report more positive perceptions than community or primary care providers:
  - report greater level of commitment for themselves
  - report great level of commitment amongst other members
  - report higher overall OHT effectiveness.
Governance in the Greater Hamilton Health Network

Melissa McCallum
Director, Greater Hamilton Network OHT
The Greater Hamilton Health Network

- One of the first Ontario Health Teams in the province: approval Nov 2019
- Attributed population: approximately 620,000 residents
- Hamilton, Haldimand and Niagara North West
- GHHN supports individuals from the Mississaugas of the Credit and Six Nations of the Grand River - considerations for on reserve and urban Indigenous care

- Population characteristics:
  - Mix of rural and urban communities
  - Rurality: lack of transportation
  - Very high areas of material deprivation - high risk wards, Hamilton has one of the highest concentrations of urban poverty within Canada
  - Hamilton is home to more seniors than youth and by 2041, the number of seniors will nearly double, Haldimand’s population 65+ is roughly 18.1%
  - Mental health and addictions is a significant local health burden, these concerns have been exacerbated by the pandemic
The OHT Journey to Date

OHT concept announced: Mar. 2019

Hamilton invited to submit a full OHT application as the Hamilton Health Team: Nov. 2019

Hamilton and Haldimand both submit readiness assessments: Jun. 2019

PANDEMIC: Mar. 2020

Hamilton OHT approved: Dec. 2021

Ministry announces the formal integration of Haldimand, NNW and Hamilton: Jun. 2021

rebranded to Greater Hamilton Health Network: Feb. 2021

GHHN becomes the first incorporated OHT in the province: Dec. 2021
Why did we decide to incorporate?

Build on the already mature partnerships in the region

Model provided more structure and accountability

Autonomy in operations (potential to receive funds, procurement, hiring, service delivery)

Incorporation is a model organizations are familiar with
Inputs to GHHN Governance Work

Ernst and Young Consultation
2020

Partner Consultations
2021

2021
Health Equity Consultation and Formal Report
Health Equity

- January 2021: the GHHN began the development of a health equity framework
- Employed a special advisor to lead this work from January - June
- Mandate of the work was to develop a framework and action plan in three specific areas for our OHT:
  1) Delivering care to patients from a lens of health equity
  2) Operations of the GHHN staff team (project management office)
  3) **The governance and corporate culture of the GHHN**
In June 2021, the GHHN completed a comprehensive health equity report: the Greater Hamilton Health Network’s Health Equity Framework: An anti-oppression, anti-racism, sex/gender based, intersectional approach.

The report included 24 key recommendations on the best advice to move forward on an equitable health agenda.

This report was the culmination of:

- Work completed by the GHHN Health Equity Council
- 7 population specific focus groups
- 25 key informant interviews
- Extensive review of local and provincial reports
- Considerations and applicability of the Ontario Health Equity Framework
Partner Consultations

- Led by GHHN staff over the summer of 2021
- Reported back on the findings of both reports (Ernst and Young, Health Equity)
- Allowed partners to understand the model, implications
- Biggest questions: how will this affect my funding, my own Board?
- Less fear about the model than we expected
Incorporated Membership Criteria

- Incorporated entity with a board of directors/governing council which meets regularly
- Organization has been in existence for at least 5 years or formed from legacy organizations with proven track record of service provision to the GHHN catchment
- Ability to demonstrate good financial standing
- Offer services that contribute to the care pathways of persons living in the GHHN catchment area
- Must declare the sector of GHHN membership for which they are applying
- Board must sign a membership agreement upon admission defining their rights and responsibilities as members

**Note: members of the corporation are non-voting, Directors will be the only voting members of the corporation.**
How Decisions will be Made

- 18 Board seats
- 15 Directors are nominated by class or stakeholder council
- 3 independent directors to fill our skills and competencies
- Directors serving on behalf of the health of the entire community
<table>
<thead>
<tr>
<th>Board Seats (Membership Class)</th>
<th>Number of Seats</th>
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</thead>
<tbody>
<tr>
<td>Primary Care Council</td>
<td>2</td>
</tr>
<tr>
<td>Patient Family and Care Partner</td>
<td>2</td>
</tr>
<tr>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>Health Equity Council</td>
<td>1</td>
</tr>
<tr>
<td>Home Care Sector</td>
<td>1</td>
</tr>
<tr>
<td>Hospital Sector</td>
<td>2</td>
</tr>
<tr>
<td>Community Organization (general)</td>
<td>1</td>
</tr>
<tr>
<td>Congregate Setting/LTCH</td>
<td>1</td>
</tr>
<tr>
<td>Community MHA</td>
<td>1</td>
</tr>
<tr>
<td>City of Hamilton- Municipality</td>
<td>1</td>
</tr>
<tr>
<td>Haldimand Sector</td>
<td>1</td>
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<tr>
<td>Indigenous Sector</td>
<td>1</td>
</tr>
<tr>
<td>Francophone Sector</td>
<td>1</td>
</tr>
<tr>
<td>Independent Seats</td>
<td>3</td>
</tr>
</tbody>
</table>

**GHHN Board Structure**
Governance Key Messages

- Individuals will not be members, but will be part of stakeholder councils and working groups as part of the GHHN.

- Any organization can be part of integrated working groups without being a member of the corporation - this is very important for true integrated care.

- This structure will take time to mature.
Governance Key Learnings

Resource intensive, not only in development, but in implementation
- more complicated with more partners

Created opportunities for dialogue and decisions in a new way - no one has formed an incorporation like this before
- we are thinking in a more shared, collaborative way - less about individual organizations and more about the health of our shared population
- TRUST

It’s a work in progress - it takes money and staff time
- still implementing the structure, especially since the staff team is so lean
Stay Connected!

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@greaterhamiltonhealthnetwork
@GHHN_TheNetwork
https://www.linkedin.com/company/greater-hamilton-healthnetwork
Patient and Caregiver Perspectives on Governance

“Don’t walk behind me I may not lead. Don’t walk in front of me I may not follow. Just walk beside me and be my friend. - Quote from Albert Camus, shared by Donald during his presentation

"Can I buy a vowel?" - thank you for this, Donald! You hit the nail on the head with this; we are so bad with using acronyms in healthcare, and we cannot truly be inclusive if we aren't using a common language.
- Session Participant

“Thank you for the many beautiful visions in the words you spoke today Donald - you've planted the seed for a healing ecosystem vision.
- Session Participant

Donald Carty
Patient, Family and Caregiver Advisor; Co-Chair, Barrie and Area Ontario Health Team

“You have touched on so many areas where the patient experience advisor is important. We can all make a difference together.”
- Session Participant
<table>
<thead>
<tr>
<th>Discussion Summary: Why is Collaborative Governance Important To You?</th>
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<tbody>
<tr>
<td>Challenging the status quo</td>
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<tr>
<td>Distributing leadership and its benefits</td>
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<tr>
<td>Diversity and inclusion; ensuring all voices are heard</td>
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<tr>
<td>Having open dialogues</td>
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<tr>
<td>It’s foundational for integrated health systems</td>
</tr>
<tr>
<td>Requiring broad perspectives to achieve best possible outcomes</td>
</tr>
<tr>
<td>Uncovering assumptions and unwritten rules of our current system</td>
</tr>
<tr>
<td>Sharing your story only once</td>
</tr>
<tr>
<td>Working Together; Power with (not power over)</td>
</tr>
</tbody>
</table>
“The missions and visions of organizations have to be redefined and integrated in order to achieve common goals, set new accountabilities and new governance structure with shared strategies.”

“Silos don't work! To create a comprehensive integrated health system, we need Integrated care model that supports the patients and care providers.”

“Collaborative governance is paramount to ensuring all providers coalesce around improving outcomes value team-based care and reducing inequalities.”

“Organizations have to be transformed and run horizontally, otherwise sustainability and true integration will not happen.”
Crowdsourcing Resources

Examples and resources that were identified by the community during the session:

**Webinars and Videos**

- HSPN Webinar ‘Stories from the Field’ – examples form North York Toronto, Chatham Kent & Greater Hamilton: [Video](#) and [Slides](#)

**Papers**

- Mydex Papers
- New Approach to Contracts: How to build better long-term strategic partnerships by David Frydlinger, Oliver Hart, and Kate Vitasek

**Examples and Other Information**

- Northern Alberta Health Neighbourhoods
- HSPN Ontario Health Teams Central Evaluation
One Word to Describe Your Experience Being Part of the Virtual Community Today

Hopeful
Informative
Inspiring

Diverse
Insightful
Connecting

Powerful
Activating
New thinking

Wanting more
Increased understanding

Synergistic
Stimulating
Refreshing

Fantastic
Thought-Provoking

Energizing
Beneficial

Illuminating

Interesting
Motivating

Helpful
Mobilizing
Exciting

Relationships
Anchoring

Trusting
Worthwhile

Encouraging
Appendix: What’s Next
What’s next?

March 28, 2023

Advancing Integrated Care with Digital Health Innovation
What’s next?

February 28, 2023

Population Health Management
for individuals with Diabetes
SPECIAL ANNOUNCEMENT

INVITATION TO PARTICIPATE IN RESEARCH ON POPULATION HEALTH

INVITATION to individuals who provide health care or social services or otherwise work to support individuals with frailty.

Watch for upcoming email Invitations

Or email to:

Casey.Chu@thp.ca
THANK YOU!

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ificcanada@integratedcarefoundation.org
hspn@utoronto.ca

International Foundation for Integrated Care
The Health System Performance Network

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