



Building Connections: A National Symposium on Integrating Health Systems

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Health Systems Integration – Definitions, Processes and Impact: A Research Synthesis

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Rationale for Study



- **While integration is generally accepted as a way to improve the delivery of health services, there is little guidance for planners and decision makers on how to plan and implement integrated health systems**





- **Summarize the current research literature on health systems integration with a focus on definitions, processes and impact of integrated health service delivery systems in publicly funded healthcare systems**





“... services, providers, and organizations from across the continuum working together so that services are complementary, coordinated, in a seamless unified system, with continuity for the client.”

Source: Canadian Council on Health Services Accreditation (2006). Inside Our Health System.





1. Health sciences literature

- a. Databases: Medline, EMBASE, CINAHL, PsycINFO
- b. Empirical 40.7%; Non-empirical 59.3%
- c. US 46.5%; Canada 18.5%; UK 10.0%;
AU/NZ 7.3%; Europe 5.8%

2. Business literature

- a. Databases: ABI/Inform Global, CBCA, Business Source Premier
- b. Empirical 48.2%; Non-empirical 51.7%
- c. US 43.5%; UK, Europe, AU 13.0% each;
Canada 8.7%



Key Findings



- 1. No universal definition or concept**
- 2. Multiple models**
- 3. Ten universal principles**
- 4. Processes and structures are equally important**
- 5. Lack of standardized tools to evaluate integration outcomes**



I. **Comprehensive Services Across the Care Continuum**

- a. Cooperation between health and social care organizations
- b. Access to care continuum with multiple points of access
- c. Emphasis on wellness, health promotion and primary care

II. Patient Focus

- a. Patient-centred philosophy; focusing on patients' needs
- b. Patient engagement and participation
- c. Population-based needs assessment; focus on defined population

III. Geographic Coverage and Rostering

- a. Maximize patient accessibility and minimize duplication of services
- b. Roster: responsibility for identified population; right of patient to choose and exit

IV. Standardized Care Delivery through Interprofessional Teams

- a. Interprofessional teams across the continuum of care
- b. Provider-developed, evidence-based care guidelines and protocols to enforce one standard of care regardless of where patients are treated

V. Performance Management

- a. Committed to quality of services, evaluation and continuous care improvement
- b. Diagnosis, treatment and care interventions linked to clinical outcomes

VI. Information Systems

- a. State of the art information systems to collect, track and report activities
- b. Efficient information systems that enhance communication and information flow across the continuum of care

VII. Organizational Culture and Leadership

- a. Organizational support with demonstration of commitment
- b. Leadership with vision who are able to instill a strong, cohesive culture

VIII. Physician Integration

- a. Physicians are the gateway to integrated healthcare delivery systems
- b. Pivotal in the creation and maintenance of the single point of entry or universal electronic patient record which are viewed as instrumental in making integration successful
- c. Engage physicians in leading role, participation on Board to promote buy-in

IX. Governance Structure

- a. Strong, focused, diverse governance represented by a comprehensive membership from all stakeholder groups
- b. Organizational structure that promotes coordination across settings and levels of care

X. Financial Management

- a. Aligning service funding to ensure equitable funding distribution for different services or levels of care (e.g. primary care physicians funded differently from acute hospitals; social services vs. healthcare services)
- b. Funding mechanisms must promote interprofessional teamwork and health promotion
- c. Sufficient funding to ensure adequate resources for sustainable change

Integration Rounds - What We Learned



| | Chronic Disease | | | Arthroplasty | | | Emergency Services | | | Neurosciences | | |
|----------------------------|-----------------|------|----------|--------------------|-------|-------------------|--------------------|------|----------|---------------|--------|--------|
| | Stewart | Carr | Sargious | Pawlyshyn/ Dick | Frank | Ferguson -Pell | Mumme | Rowe | Dubinsky | Gordon | Martin | Shuaib |
| Care Continuum | X | X | | X | X | | X | X | | X | X | |
| Patient Focus | X | X | | | X | | X | X | | X | X | |
| Geographic Coverage | X | X | | X | X | | X | X | | X | X | |
| Standard Care | X | X | | X | X | | X | | | X | X | |
| Perform Mgmt | X | X | | X | X | | X | | | X | X | |
| Information Systems | X | X | | | | | | | | | | |
| Org Culture/ Leadership | X | | | X | X | | X | X | | | X | |
| Physician Integration | X | X | | X | X | | X | | | | X | |
| Governance | X | | | X | X | | X | | | X | X | |
| Financial Mgmt | X | | | | | | | | | | X | |



Key Points



| | |
|---|---|
| Care Continuum | Include prevention and health promotion Challenges in engaging primary care |
| Patient focus | Patient and community engagement Taking into consideration determinants of health |
| Geographic Coverage/ Rostering | Regional/provincial initiatives No mention of rostering |
| Standardized Care/ IP Teams | Focus on evidence-based protocols/care paths; standardized forms Compliance with standards can be an issue Importance of having the right team |
| Performance Management | Build evaluation in from the very beginning Ongoing tracking allows early intervention What are the right indicators and targets |



Key Points



| | |
|---|--|
| Information Systems | Not having an integrated information system as potential “deal breaker” Telehealth |
| Organizational Culture /Leadership | Leadership dyad – physicians – administration Leadership through the ranks Need for champions (administration, policy, physicians) Culture change – need for re-education of health providers |
| Physician Integration | Physician specialists intimately involved Seems more challenging at times to engage primary care physicians |
| Governance Structure | Broad stakeholder engagement Need to align custodians Partnerships/networks |
| Financial Management | Dedicated resources required Resources for research to strengthen the evidence base Long-term sustainability and cost management |



Final Thought



- **Integration is an ongoing process which must be developed and implemented within the context of population needs and focused on the goals of improved health outcomes and higher quality of care for Canadians.**





Access Full Report and/or Executive Summary at:

<http://www.calgaryhealthregion.ca/hswru/>

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