Achieving Integrated Care: Implications for Newfoundland and Labrador

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All provinces recognize the need to improve patient care experience, quality and availability of services, and contain cost increases, through improved efficiency in the system.

As a result, integrated care, especially for frequent users of hospital ERs and inpatient beds, is an important policy goal in most provinces.
Integrated Care in Canada

- There is no one definition of integrated care used by provincial Ministries of Health.
- There is no commonly accepted set of performance measures.
- But here are commonly accepted features of integration in Canada and internationally.
Clinical Features of Integration

- Targeted admission criteria
- Case managed team approach
- Access to a wide range of services to meet client needs, and often
- Active involvement of physicians
Infrastructure Features

- Shared clinical and administrative information systems
- Financial incentives to change behavior
- Shared vision and goals
- Excellent and sustained leadership
PRISMA: Program of Research to Integrate Services for the Maintenance of Autonomy in Quebec

PRISMA focused on integrating health and social services in alignment with medical management.

Features of the PRISMA Model:

1. Coordination among services.
2. Single point of entry
3. Case Management
4. Unique Assessment Tool
5. Individualized Service Plan
6. Information Tool
By year 3, the rate of implementation of all of the key features of the model approached 80%. Physician participation was 73%.

After four years, the PRISMA model produced significant reductions in the prevalence and incidence of functional decline, reduced ER visits, and increased client satisfaction and empowerment.
Results

✓ There was no statistically significant effect on rates of nursing home placement, consultations with health professionals, use of home care services, or cost.

✓ PRISMA produced *improved results at no additional cost*.

✓ The PRISMA model and its features have been adopted by the Ministry of Health and Social Services in Quebec as the standard of care for older adults in all regions of the province.
PRISMA Success Factors (Selected)

✓ **Unusual Level of Collaboration**

✓ **Sustained Regional Leadership**

✓ PRISMA was never seen as a demonstration project but rather as a *whole system change* in care for the frail elderly.

✓ **The model was collaborative**
Other Success Factors

- PRISMA was never seen as a demonstration project but rather as a *whole system change* in care for the frail elderly.

- *The model was collaborative:* it did not require organizational restructuring and thus was not seen as threatening to participating organizations.
Ongoing Issues in Developing Successful Integration Projects

- **Adequate Supply of Community Care Services**

- **Physician Remuneration.**
  - Most primary care physicians are paid on a fee-for-service basis which does not reimburse them for their time in care planning and service coordination.

- **Sustained Support from local AND provincial leaders**

- **On-going Infrastructure Support**
“Improved coordination and communication” is the third most common request from the consultations for the Strategy for Long-Term Care and Community Services.

The Ministry might consider investments in such areas as:

- Intra-professional communications systems
- Whether primary care reform is facilitating integrated care
- Whether the Ministry can facilitate removal of barriers to integrated care
Implications

- Local and regional health leaders might consider:
  
  ✓ High level meetings to plan for a local approach to integrating care
  ✓ Ways in which the RHA could support local leaders
  ✓ Collecting data from key staff about the local barriers to integration
Because of the scope of change, especially among clinical and organization providers, it is very important to view integration efforts as a long time commitment.

There is no “right way” to improved care integration.
Thank you very much for your attention!

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