IFIC Canada Virtual Community

Spread & Scale of Integrated Care I

January 22, 2020 - 12pm EST

#IFICCanada #NACIC2020
Please use the chat box to introduce yourselves, ask questions, and contribute throughout the session.

CLICK the RAISE HAND icon if you need SUPPORT.

& &

Share your thoughts on social media using the hashtags: #IFICCanada #NACIC2020

Please send chat messages to all panellists and attendees so everyone can see.

If you are replying in the chat box to someone else, please start your comment with @[theirname]
WHERE ARE YOU JOINING US FROM?
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.
We’d like to know...

IS THIS YOUR FIRST TIME JOINING THE INTEGRATED CARE VIRTUAL COMMUNITY?

- Yes: 55%
- No: 45%
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
Virtual Integrated Care Community

Mapping Practices throughout North America

We will be co-creating with the community as we move forward!

#IFICCanada

https://integratedcarefoundation.org/ific-canada
Watch out for announcements for case study submissions!

Mapping Practices throughout North America

#IFICCanada
https://integratedcarefoundation.org/ific-canada
Previous Sessions

Global Tour of Integrated Care & What it Means for Us

The Importance of Co-Design to Realize the Full Potential of Integrated Care

Primary Care’s Role within Integrated Care

Digital Health & Technology in Integrated Care
Upcoming Sessions

Watch out for future Virtual Community announcements!

MARCH
More spread & scale

MAY
Governance & Scale

JULY
Evaluation

#IFICCanada

#NACIC2020
Masterclass Implementing Integrated Care

February 10th, 2020
8:30am – 4:30pm
10th floor auditorium, Bridgepoint Health, Toronto, ON

Register now!
Previous Sessions

You can find **ALL** of our previous sessions at [https://integratedcarefoundation.org/ifc-canada](https://integratedcarefoundation.org/ifc-canada)
Spread & Scale of Integrated Care
Meet today’s speakers!

IFIC Canada Co-Founders

Jodeme Goldhar
(Convener)
@JodemeGoldhar
The Change Foundation

Walter Wodchis
@WWodchis
University of Toronto

 Speakers

Ellen Hallsworth
Consultant
@EllenHallsworth

Henk Nies
@HenkNies
Vilans

Jennifer Zelmer
@JenZelmer
Canadian Foundation for Healthcare Improvement

Geoffrey Anderson
University of Toronto

John Flood
Advocate – Family Caregiving & Dementia Care, Health PEI
Making it all happen

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Darren Curran

Fiona Lyne  
@spiderslips
Poll #2

How knowledgeable are you about the ways to support scale and spread of integrated care innovations?

Not knowledgeable at all

Somewhat knowledgeable

Very knowledgeable
Motivation for Today’s Event

IFIC Canada Co-Founder

WALTER WODCHIS
University of Toronto

@WWodchis
@ihpmeuoft
@UofT_dlsph
Motivation for today’s event

• Integrated Care Exemplars around the world
  • We know a fair bit about the populations who can benefit most from integrated care
  • We know a lot about the necessary elements for integrated models of care

• Many individual integrated care projects, more and more each year
  • King’s Fund, Commonwealth and HSPRN collaborated in 2011 to review integration in 7 countries
  • “Many individual projects, no jurisdiction has yet achieved system integration”

• Top-down versus bottom-up
  • Integration of care involves deep collaboration enabled through local trusting relationships between patients and providers and amongst providers, enabled by system level supportive policies and funding.
Motivation for today’s event

Two inter-related problems with current context:

• Pilotitis
  • Many individual projects undertaken and end (in failure or in success)
  • Best practices are going unheralded and un-replicated

• Spread and Scale are not always natural for interventions
  • Providers have accountabilities that are often local and limited in scope.
  • No reward for disseminating and coaching translation of knowledge to others.
  • Practices looking to solve problems rarely have individuals with the role of facilitating and incorporating/adapting existing programs to local context.
Motivation for today’s event

Possible solutions : Facilitated adaptation and adoption
   • Need to activate incentives and supports for adopting alternative models of care to solve existing problems
   • Attention to softer side of innovation...not only a technical solution
   • How can this be facilitated ... at scale ?

Purpose for today:
   • Learn from international examples of supports for implementing and scaling integrated care programs
   • Discuss amongst attendees relative strengths and challenges with each approach
Innovation, Spread & Scale

ELLEN HALLSWORTH
@EllenHallsworth

GEOFFREY ANDERSON
University of Toronto
Common International Reality

• Common Epidemiology
  • Aging populations, increased multi-morbidity, dementia, mental health and addictions
  • Combination of health needs and functional/behavioural/social care needs

• Common Cost Profiles
  • A small proportion of the population accounts for a substantial proportion of the spending
  • Applies to both health and social care spend

• Common Challenge
  • Provide better integrated health and social care to high need high cost population
What is Innovation?

A new **match between a need and a solution** so that **value** is **created**.

The novelty can be in the solution, in the need or in the match.

*Christian Terwiesch - Wharton School of the University of Pennsylvania.*

- **Need** – care for high need high cost populations
- **Solution** – integrated health and social care
- **Value** – Triple Aim
What is spread and scale?

A match between a defined need and an existing solution in a new context with the hope that value is replicated.

The challenge is in adapting the existing model to the new context.

Geoffrey Anderson – Dalla Lana School of Public Health University of Toronto

Need – care for a defined high need high cost population
Solution – a specific model for integrated health and social care
Value – Triple Aim
Our Research

• Source innovations from 11 CMWF/Harkness Countries
  • Innovative in the sense that they are different ways of providing care than normally found in that country
  • Targeted at specific high need populations

• Collect information on innovations using structured surveys
  • Program Content – core elements and specific activities
  • Policy Context – policy innovations that supported the innovation

• Learn from national efforts to support spread and scale
  • Canadian Foundation for Healthcare Improvement – Canada
  • In voor zorg! Into care! Vilans – the Netherlands
## Program Selection

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<th>Country</th>
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Target Populations

- Multiple Chronic Conditions: 16
- Serious Mental Illness: 4
- Frail Older Adults: 10
Structured Surveys Based on Ideas from Previous Reports

THE LEARNING HEALTH SYSTEM SERIES

EFFECTIVE CARE FOR HIGH-NEED PATIENTS
OPPORTUNITIES FOR IMPROVING OUTCOMES, VALUE, AND HEALTH

The Commonwealth Fund
LSE Health and Social Care

Designing a High-Performing Health Care System for Patients with Complex Needs

Ten Recommendations for Policymakers

The Commonwealth Fund International Experts Working Group on Patients with Complex Needs
Expanded and Revised Edition
September 2017

Providing integrated care for older people with complex needs
Lessons from seven international case studies

Institute of Health Policy, Management & Evaluation
UNIVERSITY OF TORONTO
Core Functions and Specific Activities

Segmentation
Segmentation

- Clarity of eligibility criteria
- Sophistication of the process for identifying and recruiting individuals who meet criteria
Core Functions and Specific Activities

Segmentation

Coordination
Coordination

- Degree of centralized intake
- Extent of primary care involvement
- Range of health and social care providers
- Extent of protocols for care transitions
- Extent of data sharing
Core Functions and Specific Activities

Segmentation

Coordination

Patient and caregiver engagement
Patient and caregiver engagement

- Commitment to shared decision making
- Commitment to teaching self-management
- Commitment to caregiver support and training
Consistency in Core Elements

Segmentation

Coordination

Patient and caregiver engagement
Variation in Intensity of Specific Activities

Intensity of Activities Across Programs

- Eligibility Criteria
- Recruitment Process
- Centralized Intake
- Role of primary care
- Range of health and social care
- Managing transitions
- Level of information sharing
- Shared decision making
- Self-management support
- Caregiver support

Legend:
- Low
- Medium
- High
Variation in Intensity of Specific Activities

• Related to the Population Served
  • Caregiver support not as relevant to innovations for populations with multi-morbidity as compared innovations for a frail elderly population
  • Self-management more relevant to multi-morbidity than frail elderly
  • Social care coordination more relevant to mental health and addiction populations than multi-morbidity

• Related to resource context
  • Real-time shared data requires sophisticated IT but some innovations use care team meetings to share information verbally
  • Role of primary care dependent on the access to that resource
Development of Tool to Describe Activities

• Opportunity to learn from each other
• Common core elements can provide basic template/screening test for what can work for high needs high cost
• Could this work form the basis for meaningful descriptions of innovations to support spread and scale.
The Spread Challenge – Support Adopters

Describe the innovation in a way that is meaningful and useful for the adopter.

Actively support the adopter so that they can adapt the innovation in their context and implement it in a way that is effective and sustainable.
Connecting the Innovator and the Adopter

INNOVATOR  INNOVATION  ADOPTER
Push Model – Source the innovative solution, look for organizations with the problem and support them as adopters.
Push Model - Canadian Foundation for Healthcare Improvement

- The Canadian Foundation for Healthcare Improvement (CFHI) supports partners to accelerate the identification, spread and scale of proven healthcare innovations.

- CFHI is launching a new initiative and calling on people across the healthcare system to nominate innovations.

- CFHI is a not-for-profit organization funded by Health Canada.
Pull Model – Work with organization to identify specific problem, source solution and help them as adopters
Pull Model – Dutch Vilans

- Facilitating knowledge sharing through the program’s website and learning communities ([www.invoorzorg.nl](http://www.invoorzorg.nl))
- Deep and extensive involvement (appr. 1.5 years, 2 or 3 days a week), deep into the heart of organizations
- In voor Zorg is funded by the Ministry of Health, Welfare and Sports and executed by Vilans in collaboration with numerous subcontractors.
The Health Foundation, Spread and Scale

• UK foundation focused on improving health and healthcare
  • Founded in late 1990s from the sale of a mutual private health insurance company
  • UK’s 8th largest charitable foundation – spending around £45 million annually

• History of supporting improvement science research and frontline service improvement

[The Health Foundation logo]
The Health Foundation, Spread and Scale

• Realisation in early 2010s that individual improvement grants were rarely leading to sustainable change at scale
• Started to invest in research, networks and programs to support spread and scale of grant investments
The Health Foundation, Spread and Scale

• Developed a unit in the improvement grants team, focused on understanding spread and scale, learning from Health Foundation grants and other interventions
The Health Foundation, Spread and Scale

• The NHS is a unique health system which presents challenges and opportunities for scaling new models of care
• Many of the challenges around tight vs loose, push vs pull models for spread and scale are relevant for other health systems
Poll #3

To adopt an intervention, how much support and information do you need?

- Loose descriptions (Principles)
- Specific direction with some flexibility
- Tight Descriptions (Implementation Manual)
Poll #4

Which kind of approach are you using, currently, to spread and scale-up integrated care interventions?

- We need to develop skills/build capacity to support this work.
- Co-designed with support (A blend)
- I want someone to coach/support me in this work
A Dutch Perspective: Spread & Adopt Innovations

HENK NIES
Vilans
@HenkNies
@VilansOrg
Spread & Adopt Innovations

*The Dutch Approach*

Prof. Dr. Henk Nies (Vilans, Utrecht; Vrije Universiteit, Amsterdam)
Webinar Spread and Scale of Integrated Care, Virtual Toronto, 22 January 2020
The Why of the program (2009): need for fundamental transformation in LTC

- Increasing public expenses in LTC (the Netherlands being highest in Europe)
- Expected shortages of staff
- Demand for more client driven care

- Traditional policy measures – legislation, funding, rearranging positions and responsibilities were seen as insufficient
Tradition of Practice improvement programs: adaptations and improvements
The objectives of the program (2009-2017)

1. Supporting LTC providers in their pursuit of becoming more sustainable, via generic (website and communities) and specific supportive measures (actual support).

2. Enhancing of knowledge sharing and utilization by (digital) knowledge platforms for the compilation, distribution, and implementation of existing and program-generated knowledge about sustainable LTC (knowledge managers).

3. Strengthening the relationship between the government and LTC providers (need for renewed relationship and redefining system-responsibility).
Formula of the program

• Systematically increase cost-effectiveness and quality of LTC organizations by improving:
  • business/operations management (incl. governance, leadership)
  • empowerment of professionals
  • technology in care processes
  • inter-organizational collaboration in networks (integrated care)
• Nationwide call for action
• Standardized stepwise structure for tailored change programs with in kind support
• Monitoring progress of the goals the organizations set for themselves
• Facilitating knowledge sharing through the program’s website (www.invoorzorg.nl), featuring an extensive library of best practice tools and methods, and all kinds of interaction
• Establishing a ‘movement’ with learning communities
• Accelerating change through active communication and dissemination of information/knowledge by so-called knowledge management team
Reach

- 137 Professionals
- 57 Collaboration
- 42 Technology
- 26 Welfare
- 171 Management

433
Generic knowledge dissemination

- In 2012–2017, **250 000** unique visitors annually accessed the website www.invoorzorg.nl

- More than **10 000** individuals follow the Into care! Twitter account and more than **9 000** individuals subscribe to the newsletter

- About **400** meetings and conferences took place, where more than **20 000** care workers, managers and directors of LTC organisations participated. These venues facilitated the horizontal exchange of knowledge.

- On average, over **200 000** presentations were viewed via Into Care!'s Slideshare account annually
Mechanisms in organizations

• Self-diagnosis
• Getting committed: contract
  • For free unless....
  • The organization quits with no good reason
• Whole system approach
  • Coach at strategic and operational level
  • Situated approach
  • Multiple values: organization (s), staff, clients
• Selecting a coach
• Pursuing results
  • Steps
  • Indicators
• Learning in communities, training settings and on the job
• Employing existing knowledge
• Generating new knowledge
• Sharing knowledge
Mechanisms between program and organizations

• Program organization
  • Congruent behaviour (focus, client oriented, immediate response, short lines)
  • Strict format
  • Communication and knowledge driven
  • Energetic and reflexive

• Management team
  • Coupling sources of executive power: Ministry and Vilans
  • Decision making authority: contracts with exec boards
  • Case monitoring: specificity

• Design of relationship
  • Ownership of participating organizations
  • Standardized contracting
  • Clear format, no prescription
  • Restricted choice
  • In-kind and for free, unless disengaging from their project

• Utilization of knowledge infrastructure
  • Message: it is possible to make a change
  • Workshops, conferences
  • Digital library, learning environment, webinars, footages, communities
  • Narratives and figures
Reflection

• The mechanisms - **by and large** - worked as intended
• Entrepreneurial attitude and non-conventional civil servants
• Integrated care was most difficult
• But was it sufficient?
  • Did we achieve a movement?
  • Who did *not* participate?
  • Did we achieve structural and sustainable impact?
• And do we have a new policy instrument?
Thank you for your attention!

Henk Nies
h.nies@vilans.nl
www.vilans.org

In English: https://www.vilans.org/?_ga=2.63708655.193340215.1579715177-2051068655.1562246053
In addition to Dr. Nies’ presentation:

- *Into Care* was multi-layered. Vilans supported individual organizations with coaches, but also tried to stimulate learning processes between care organizations (who were working on similar topics) and disseminated the obtained insights through a large national websites and meetings. Coaching was for both care professionals (working in the actual practice) and for the management/board.
Q&A

Q: What were some specific indicators to measure return on investment for the participating organization?

A: We have several benchmark data related to, for example, turn over rates.

- The Vilans team is currently working on a scientific paper in which they will describe in-depth the mechanisms of Into Care. For more information, look out for the paper in summer 2020.
Canadian Perspective: Spread & Readiness

JENNIFER ZELMER
Canadian Foundation for Healthcare Improvement
@JenZelmer
@CFHI_FCASS

JOHN FLOOD
Advocate – Family Caregiving & Dementia Care, Health PEI
Spread-Readiness: The Will & The Way

Jennifer Zelmer & John Flood

January 22, 2020
Our spread and scale collaboratives

Bring together interprofessional teams

Focus on proven innovations that tackle a common healthcare issue

Are team-based & ‘all teach-all learn’

Provide the support to kick-start sustainable improvement at the service delivery level, e.g.:

- Seed funding
- Evidence-informed program
- Coaching to support implementation
- Mutual support from a community of innovators
Towards Person-Centred Dementia Care

In 2012-13, 1 in 3 LTC residents in Canada was on an antipsychotic.

In 2016-17, 1 in 5 LTC residents in Canada was on an antipsychotic.
Testing to Spreading to Scaling: Appropriate Use of Antipsychotics

1. Test under a variety of conditions
   - 2013: Winnipeg Regional Health Authority Initiative (EXTRA)

2. Theory and Prediction
   - 2014-15: Pan-Canadian AUA collaborative

3. Make routine
   - 2016: New Brunswick Appropriate Use of Antipsychotics (NB-AUA) collaborative
   - 2017: Optimizing Practices, Uses, Care and Services - Antipsychotics (OPUS-AP)
   - 2018: Newfoundland, PEI and SQLI Appropriate Use of Antipsychotics Collaborative

4. Extend the reach to all those who stand to benefit
   - 2018: Extend the reach to all those who stand to benefit

Diagram:
- Act
- Plan
- Study
- Do
The Family Role

“Where do you find the strength and energy to continue looking forward to the next ephemeral instant of happiness that makes the agonizing hours in between tolerable and even worthwhile? In my case, as long as I can conjure up the image of Eileen smiling, I will be content. I call that gift ... Smileen.”

- John Flood, caregiver for his late wife, Eileen Flood
Current role as Dementia Care and Family Advocate entails...

› Convert the stigma of dementia to empowerment by embracing it rather than escaping from it.

› Develop alternative strategies for caregivers and care recipients in their coping with dementia by engaging in the seven A’s: awareness, anticipation, attitude, acceptance, adjustment, assistance, and alterity.

› Focus on quality of living and quality of dying as a lived-through experience that is it’s own story. Discover meaning and fulfillment in that story by actualizing it intentionally all the way through and beyond the here and now. Strive for affirmation of the story’s reward (gift) by visualizing it as what Paul Tillich calls “the courage to be.”
Start with the end in mind

✓ Determine what is being spread
✓ Define target population & end state
✓ Establish timeframe to achieve scale
✓ Define measurement strategy including spread measures

Align improvement to strategic objectives

✓ Determine if improvement links with strategic goals
✓ Craft a compelling message or identify a “burning platform”
✓ Determine key members of teams - who are the key stakeholders & sponsorship

Assess practice readiness to spread

✓ Complete assessment of host site readiness to spread
✓ Plan for or identify sites based on learning
✓ Revisit scale, scope and speed

Assess site readiness to receive

✓ Complete readiness to receive assessment tool
✓ Plan for sequencing based on learning
✓ Create monitor and review plan
READINESS
TOOLS

Does it work?
How does it work?
Will it work elsewhere?
Will it spread?
Poll #5

When considering an improvement you would like to adopt/spread, which of the following are considered? (Check all that apply)

- Operational infrastructure needs
- Technology needs
- Space needs
- Staff capacity, competency, & training needs
- Cultural readiness for change
- Measurement and monitoring plan
- Project management & championship
- Governance/oversight structure
- Leadership
- Strategic alignment

%
Thank you
Discussion

Referenced in Dr. Zelmer’s presentation:
Two useful tools for spreading and scaling improvement, co-developed with colleagues at Kaiser Permanente.

- Readiness to Spread Assessment: 

- Readiness to Receive Assessment: 

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Poll #6

As a result of today’s virtual collaborative discussion, how knowledgeable are you about the ways to support scale and spread of integrated care innovations?

- Not knowledgeable at all
- Somewhat knowledgeable
- Very knowledgeable

[Bar chart showing responses]
General Resources

- To familiarize yourself with terms used in healthcare improvement, please visit the Canadian Foundation for Healthcare Improvement website at https://www.cfhi-fcass.ca/AboutUs/OurApproach.aspx

- All users of initiatives involving patient data should take privacy and security training to protect patient data. OntarioMD has some great resources for clinicians and a complimentary online privacy and security training module at https://www.ontariomd.ca/products-and-services/privacy-and-training-resources

- Learn more about Appropriate Use of Antipsychotics Collaborative at https://www.cfhi-fcass.ca/WhatWeDo/appropriate-use-of-antipsychotics

- A Guide for Residents, Families, and Caregivers on How Antipsychotic Medications are Used to Help People with Dementia: https://cep.health/media/uploaded/CEP_AntDementia_ResFamCare_20190305_oSkextK.pdf

HSO welcomes your input on the role and experts of organization and health system governors promote spread and scale. HSO Governance for Health Services Standards, available here for public review.
https://healthstandards.org/public-reviews/governance-for-health-services/

Health Report Manager is an eHealth solution that enables clinicians using an OntarioMD-certified EMR to securely receive patient reports electronically from participating hospitals and specialty clinics.:
https://www.ontariomd.ca/products-and-services/health-report-manager
UK Resources

- Check out the Q Community which is working together to improve health and care quality across the UK at q.health.org.uk

What you shared:
What’s next?

Join us again for the next virtual community session in MARCH!

#IFICCanada  #NACIC2020
What’s next?

North American Conference on Integrated Care
5th–7th October 2020
Toronto, Canada

Innovation. Inspiration. Integration:
Co-designing for health and wellbeing with individuals and communities
In association with the 6th World Congress on Integrated Care

Check it out at:
https://integratedcarefoundation.org/events/nacic1-1st-north-american-conference-on-integrated-care-toronto-canada

#IFICCanada #NACIC2020
In one word, describe what was your experience today being part of the community?

Global
Synergy
Powerful
Encouraging
Helpful
Uplifting
Collaboration
Validating
Exhilarating
Moving
Informative