Transforming Regions into High Performing Health Systems

June 2, 2016

12pm – 1pm ET
Aspiration
To deliver demonstrable results for Canadians by improving patient and family experience and care, population health and value-for-money.

Mission
The Canadian Foundation for Healthcare Improvement identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value-for-money.

Goals
To improve health system performance by:
• maximizing value-for-money in healthcare spending
• improving patient and family experience of care
• optimizing patient outcomes

To improve the health of Canadians by:
• addressing the determinants of health
• enhancing population health
Welcome to today’s webinar

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Today’s objectives

1. Discover what the literature and a group of pan-Canadian health leaders have to say about the past, present and future state of regionalization in Canada.

2. Learn how integrated regionalized health systems could improve access to health services.

3. Find out how a “way forward” can help Canadian jurisdictions achieve the Triple Aim of better health, better care and better value.
Transforming regions into high performing health systems

Towards the Triple Aim of Better Health, Better Care and Better Value for Canadians

Yves Bergevin, Bettina Habib, Keesa Elicksen, Stephen Samis, Jean Rochon, Cynthia Adaimé, Gylaine Boucher, Jean-Louis Denis, Denis Roy

Canadian Foundation for Healthcare Improvement Webinar

June 2nd, 2016
• Report is available on the CFHI Website: http://www.cfhi-fcass.ca/WhatWeDo/on-call/transforming-regions
Purpose

• To provide insight and evidence on the impact that regionalization has had across Canada on the *Triple Aim* of Better Health, Better Care and Better Value.

• To identify *Major Findings* and a *Way Forward* including a *Vision* for Regionalization and *areas for improvement* in order to transform regions into high performing health systems.
Methods

• Literature: scoping review

• Interview of 30/32 senior health leaders from across Canada in 2015

• Regular meetings of research team to discuss and interpret findings
Strengths and Limitations of this study

Strengths
• Senior level health leaders interviewed
• Strong convergence of insights across Canada and from literature

Limitations
• Review could not identify any robust evaluations of regionalization
• Mostly expert opinions in the literature
Regionalization policies in context

• Canada continues to produce good health with life expectancy having increased 3 years in the past 7 to 81 years, only two year behind Japan

• However: “Canadian healthcare continues to be an underachiever” (Lewis S, N Eng J Med 2015)
Four health system performance measures from a patient’s perspective

<table>
<thead>
<tr>
<th>Issue</th>
<th>France</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent $2,000 or More Out-of-Pocket in the Past Year</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Could Get Same- or Next-Day Appointment with Doctor or Nurse When</td>
<td>83%</td>
<td>45%</td>
</tr>
<tr>
<td>Sick or Needed Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to After-Hours Care</td>
<td>69%</td>
<td>41%</td>
</tr>
<tr>
<td>Emergency Department Use in the Past Two Years</td>
<td>15%</td>
<td>39%</td>
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Source: Commonwealth Fund 2014. International Health Policy Survey of Older Adults in Eleven Countries
Changes over time across the 13 jurisdictions
Major Findings (1)

• Towards a two-level governance system: province/territory and regional health authority (RHA); exception: Ontario

• Optimal size of regions: depends on geography, 350,000 to 500,000, road transport times no more than 3-4 hours

*The Triple Aim ... Better than before but variable and partial ...*

• *Better Health*: An enhanced population health approach

• *Better Care*: community needs, regrouping of services, clinical governance and networks, regional service delivery plans, enhanced organizational capacity, enhanced quality

• *Better Value*: evidence-based decision making => Priority setting, Improved allocation and utilization of resources, ↑ cost-effectiveness, including through lower unit costs of regrouped services, avoiding duplication and more rational care
Major Findings (2)

- Citizen engagement: both plusses and minuses

- Incomplete results-driven program approach, with unclear goals, targets and weak monitoring systems

- Engagement of physicians: improving, but variable and weak

- Patient-centered primary health care: variable across Canada and weak relative to other countries
Major Findings (3)

• Slow and variable progress on information systems and electronic health records

• The frequent reorganization of the healthcare delivery architecture and of regional structures and functions within provinces

• Insufficient clarity in roles and responsibilities of governments/ministries of health and of regional health authorities

• Inadequate financial coverage of essential drugs in ambulatory/home settings
Regions as *Integrators* towards Health Improvement

**Better Value**
- Relevance of services
- Priorities
- Optimal allocation and utilization of resources
- Cost-effectiveness

**Regions as Integrators**
- Population health approach
- Equity – Effectiveness
- Citizen engagement
- Physician engagement
- Information Systems / Knowledge Management
- Adaptive Capacity / Learning and Improvement

**Better Health**
- Public Health
- Intersectoral Action to address health determinants
- Services responsive to community needs

**Better Care**
- Integration & Coordination
- Quality / Safety
- Clinical Governance / Networks
- Enhanced Capacity
Way forward: a Vision for Regionalized High Performing Health Systems in Canada: the Region as Integrator
A realistic Vision

• Vision reflects recent developments in high performing health systems around the world, including Accountable Care Organizations in the United States such as Kaiser Permanente and Intermountain

• If one were to combine the best characteristics of health regions across Canada, one would likely achieve such a vision

• Such a vision is thus realistic in the near term for Canadian provinces and territories
Way forward: seven areas for improvement with modest one-time costs and recurrent cost savings

1. Manage the integrated regionalized health systems as results-driven health programs
2. Strengthen wellness promotion, public health and intersectoral action for health
3. Ensure timely access to personalized primary health care / family health and to proximity services
4. Involve physicians in clinical governance and leadership, and partner with them in accountability for results including the required changes in physician remuneration
5. Engage citizens in shaping their own health destiny and their health system
6. Strengthen health information systems, accelerate the deployment of electronic health records and ensure their interoperability with health information systems
7. Foster a culture of excellence and continuous quality improvement
1. Manage the integrated regionalized health systems as results-driven health programs transforming them into high performing health systems

• With clear goals, objectives, targets, baselines, benchmarks, and strong monitoring system

• With government / RHA role and function clarity

• With transparent and robust accountabilities for results and performance incentives

• Supported by real-time information system
2. Strengthen wellness promotion, public health and intersectoral action for health to better address the social determinants of health

- Given potential health gains and high cost-effectiveness of many of the interventions, foster healthy regions through:
  - Whole of Government approach to health and wellness
  - Wellness promotion during clinical interactions
  - Enhanced public health
  - Intersectoral action to address social determinants and which engages citizens and municipal officials
3. Ensure timely access to personalized primary health care/family health and to proximity services

• with modern appointment systems resulting in timely appointments, extended hours and on call services
• using a team approach fostering continuity and integration of care
• that focuses on maintaining autonomy with patients at home and in the community thus reducing the recourse to emergency rooms and hospital care
• focusing on high quality, effectiveness and efficiency, including through team work and supervised delegation
• through a relevant performance-based contracting system fostering on the above attributes
4. Involve physicians in clinical governance and leadership, partner with them in accountability for results and engage them in the required changes to physician contracting and remuneration

Learning from accountable care organizations and high performing health systems:

- Foster greater engagement and leadership of physicians in clinical governance and clinical networks including on accountability issues

- Address the required changes in physician remuneration and provide physician remuneration budget envelopes to regional health authorities to align with their service delivery plans, including primary health care
5. Engage citizens in shaping their own health destiny and their health system

Beyond traditional health promotion, engage the population

- As patients in shaping their own health destiny
- As citizens towards better health of their communities

And

- Mobilize citizens to enable tough policy choices confronting their health system
6. Strengthen health information systems, accelerate the deployment of electronic health records and ensure their interoperability

- Strengthen exchange of relevant information between existing health information systems

- Rapidly complete the deployment of electronic health records

- Ensure interoperability of electronic records with information systems (e.g. ~ Kaiser Permanente)
7. Foster a culture of excellence, learning, innovation and research and encourage adaptive capacity towards continuous quality improvement

- Foster continuous learning and research (CIHR, provincial research councils, MOH, RHAs, academic centres and CQI)

- Encourage adaptive capacity

- Study high performing Accountable Care Organizations in the United States (Kaiser, Intermountain) and elsewhere to learn what is relevant for Canada
Distribution of roles between *provincial* and *regional* levels

**Provincial Population Health Policy Framework**
- Whole-of-Government approach to Better Health with prevention of non-communicable diseases and injuries
- Health Policy / Financing / Oversight
- Provincial Public Health
- Tertiary Care / Academic authorities

**Regional Health Authority**
- Local / Proximity Primary Health Care / Family Health
- Secondary Care
- Coordinated and Integrated Care across the Continuum
- Regional Public Health
- Regional / Municipal Intersectoral Action

**Accountability Framework** ↔ **Clarity of roles**
Way forward: seven areas for improvement

1. Manage the integrated regionalized health systems as results-driven health programs
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A turning point: from Paradigm Freeze to Paradigm Shift from hospital-centric episodic care to towards evidence-informed population-based primary and community care

• Suggest goals and internationally comparable targets for December 2020:
  1. Ensure that >90% of Canadians have access to a FHT
  2. Ensure coordinated and integrated care for >90% of high users

• Family Health Teams: collaborative CQI, best evidence for essential elements of modern FHTs and accreditation, pluralist approach to fit local needs

• Management of change simultaneously at three levels of the system: federal (renewal of health accord), provincial/territorial, regional

• Time-bound working groups to reach goals and targets (members: health executives, College of Family Physicians, Medical and Nursing Assoc., academia, patient representatives)

“If one were to combine the best characteristics of health regions across Canada, one would move rapidly towards high performing health systems and thus contribute to the Triple Aim of Better Health, Better Care and Better Value for Canadians”

Thank you
Regionalization: Manitoba Lived Experience

Healthy People, Healthy North.
Evolution of Regionalization in Manitoba

• History
  – Manitoba Regionalization
    • Rural 1997/Urban 1998
    • Goals, expectations, impact
  – Evolutionary Stages
  – Amalgamation 2012
    • Eleven regions to five
What was gained?

• Population Health
  • Illness Prevention, Health Promotion
  • Focus on health equity
• Continuum of Care
  • Includes all provincially funded programs and services.
  • Integrated access to services
• Community Engagement; Patient Experience
  • Local Health Involvement Groups
Engagement

• Patients
• Communities
• Indigenous peoples and communities
• Jurisdiction – health related
• Innovative partnerships
Lived Experiences

- Opaskwayak Health Authority / Northern Health Region Statement of Intent
- Keewatin Tribal Council
- Cross Lake First Nation
- FNIHB
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The Pas
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The Pas, MB R9A 1K2
T. 204-627-6800 • TF. 888-340-6742

Thompson
867 Thompson Drive South
Thompson, MB R8N 1Z4
T. 204-677-5350 • TF. 888-340-6742

northernhealthregion.ca
Transforming Regions into High Performing Health Systems: An Ontario LHIN Perspective
Overview of Local Health Integration Networks

- Created in 2005
  - Last province to devolve health care to regional decision making
- Local Health Services Integration Act passed April 2006
- 14 LHINs – averaging 900,000+ people per
  - SE LHIN 500,000 – most rural of southern LHINs
  - 84 Health Service Providers (including 7 hospitals)
    accountable to the SE LHIN, representing $1.1 B in annual funding
- Governed by nine member Board – OIC appointed
  - all HSP Boards continue to exit
System Governance

• In the LHIN environment, with all Health Services Providers (HSPs) continuing to exist, system governance is intended to emerge from collaborative governance

• Collaborative Governance can be defined as Boards Working Together for a common purpose
South East Local Health Integration Network

Mandates

- Local Health System Planning
- Integration
- Funding ($1B for 124 Health Services Providers)
- Accountability Agreements
- Performance Targets, Monitoring and Reporting
- Community Engagement
SE Integrated Health Services Plan 4: Programs / Initiatives

- Hospital Services Project
- Addictions and Mental Health Redesign
- Primary care reform
- Health Links sustainability
- Launch of an Older Adult Strategy
- Better use of technology – supporting linkages among healthcare sectors
- Continuous patient engagement
- Working with other partners/ministries to better serve the population
- System Leadership
Expected Improvements

- We expect to see a health system that is integrated and functions as a system
- One that responds to complex needs of our patients
- One that provides access to high quality care and provides that care in an environment that is safe for the patient and the staff
- One that provides this type coordinated care within the financial means available
- This should also lead to improved access to higher quality care, lower wait times, fewer repeat visits, greater patient satisfaction and greater staff satisfaction
Health Links: An Example

- Provincial initiative – patients with complex needs is population of focus (estimated to be 1% of SE Population, 485,000 x 1% = 4,850 complex patients)

- 7 Health Links cover the region (started 2013/14)

- Key feature - primary care led

- To date - 2,361 patients have had a CCP implemented [HLs achieved 82% of target (2,361/2,867)]
Implementation – local (HL) level

- Local HL flexibility – relevant priorities; resource sharing
- Collaborative ownership – primary care leadership; partner support
- Funding for backbone support – dedicated staff and infrastructure
- Primary care engagement – 50-100% uptake across HLs
- Care coordination / system navigation
  - Anchor is primary care
  - Common CCP tool
  - Broad engagement of various professions
Implementation – regional level

• Relationship building & network - HL lead organization table

• Regional collaboration –
  o patient identification & care coordination process
  o enabling technology (SHIIP)
  o formative evaluation
  o communication plan
  o sustainability plan

• Mobilizing knowledge
  o care coordination community of practice
  o Champions
  o QI approach
# Top 4 Enablers and Barriers - Implementation of HLs (as reported by providers)

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>• Range of engaged providers</td>
<td>• Lack of time</td>
</tr>
<tr>
<td>• Tailoring to the local (HL) context</td>
<td>• Absence of real-time patient information</td>
</tr>
<tr>
<td>• Having a target population of focus</td>
<td>• Ease with which to share information across circle of care</td>
</tr>
<tr>
<td>• Building on existing relationships</td>
<td>• Funding uncertainty and/or delays</td>
</tr>
</tbody>
</table>

Source: South East LHIN Evaluation, Sept 2015
HLs - Improvement in Patient-Centred Care

Improved provider understanding of patient goals

Improvement in patients achieving their goals

Patients more involved in decision-making

Source: South East LHIN Evaluation, Sept 2015, Partner survey, N=108-113
Patients and Families Reporting Improved Experience

• Patients report their healthcare experience as:
  o Less fragmented
  o More consistent
  o More personal, respectful, and compassionate

• They appreciate the care coordinator/navigator role

  “This approach is the best thing that’s happened to my health – you don’t want to be like a ping pong ball bouncing between providers”

-Health Link patient
HLs - Improvement in Care Coordination and Transitions

Clarity of circle of care improved

Providers know where to refer

Source: South East LHIN Evaluation, Sept 2015 Partner survey, N=117-121
# Decreased Acute Hospital Utilization

Pre-post comparison - HL coordinated care planning (CCP)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rural Hastings HL</th>
<th>Thousand Islands HL</th>
<th>Quinte HL</th>
<th>Kingston HL</th>
</tr>
</thead>
<tbody>
<tr>
<td># emergency dept. visits</td>
<td>↓ 85.0%</td>
<td>↓ 47.0%</td>
<td>↓ 39.4%</td>
<td>↓ 29.2%</td>
</tr>
<tr>
<td># acute care hospital admissions</td>
<td>↓ 80.0%</td>
<td>-</td>
<td>↓ 49.2%</td>
<td>-</td>
</tr>
<tr>
<td># hospital 30-day readmissions</td>
<td>↓ 94.0%</td>
<td>-</td>
<td>↓ 55.6%</td>
<td>-</td>
</tr>
<tr>
<td>Length of stay (days)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>↓ 22.8%</td>
</tr>
<tr>
<td>Urgent care visits</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>↓ 42.6%</td>
</tr>
<tr>
<td>Data description</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• # patients</td>
<td>103 patients</td>
<td>49 patients</td>
<td>72 patients</td>
<td>126 patients</td>
</tr>
<tr>
<td>• # mths pre &amp; post CCP implementation</td>
<td>12 mths pre &amp; post</td>
<td>6 months pre &amp; post</td>
<td>12 mths pre &amp; post</td>
<td>6 mths pre &amp; post</td>
</tr>
</tbody>
</table>
Lessons for Sustainability

✓ Ongoing backbone & funding support – for core elements

✓ Full implementation of the regional technology strategy

✓ Maintain primary care led approach – and build capacity to meet growing demand (i.e., enhanced partnering)

✓ Standardize business processes – manage regional & local needs

✓ Continually improve on communication and knowledge exchange

✓ Step-up performance management – include return on investment
A Proposal to Evolve the Role of LHINs

**Effective Integration of Services and Greater Equity**
- Make LHINs responsible for all health service planning and performance.
- Identify sub-LHIN regions as the focal point for integrated service planning and delivery (note that these regions would not be an additional layer of bureaucracy).

**Timely Access to, and Better Integration of, Primary Care**
- LHINs would take on responsibility for primary care planning and performance improvement, in partnership with local clinical leaders.

**More Consistent and Accessible Home & Community Care**
- Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs.

**Stronger Links to Population & Public Health**
- Linkages between LHINs and public health units would be formalized.
Questions?

Please submit your questions/comments electronically using the “Chat Box” on the bottom of your webinar screen.

Veuillez nous transmettre vos questions ou vos commentaires à l'aide de la « boîte de dialogue » située au bas de l’écran de ce webinaire.
Thank you!
Merci!