it’s happening now 》 ça se passe maintenant

Learning from Canadian Case Studies (and you!)

Dale McMurchy & Christine Maika

March 2, 2017
Our Time Today

• Profile key features of cases studies, with objectives to:
  • Describe structure, processes and outcomes of exemplar inner city population health initiatives
  • Highlight initiatives that follow Institute for Healthcare Improvement’s (IHI) Triple Aim framework and those informally doing Triple Aim work
  • Understand factors that influence success
• Assess how clients and community are involved in design, delivery and evaluation
• Discuss success factors and other known Canadian cases
Case Study Methods

› Selection criteria, with examples across Canada of:
  • community-based primary health care services
  • an institutional-affiliated or physician-led program
  • a specialized service
  • an Indigenous program
  • formal and informal Triple Aim approaches
  • community partnerships
› Data collection through interviews and questionnaires
› Collation, synthesis and verification
Community-based Primary Health Care

› HealthConnection Clinic
› Boyle McCauley Health Centre
HealthConnection Clinic

› Serves unattached clients on Vancouver’s North Shore with complex medical, mental health, addiction and socio-economic challenges

› Many Indigenous and vulnerable elderly clients

› Clinic- and home-based services, including on-reserve

› Supported by community services and referrals

› Established with unused clinic space, physician sessional time, a community-based nurse practitioner and partner’s support staff

› Has since grown; now has 7 FTEs among 11 staff
HealthConnection Clinic, Triple Aim

From the start, applied Triple Aim objectives and ongoing measurement to:

• Show value and viability
• Support implementation and strategic decisions
• Assess successes, challenges and lessons learned
• Use principles of: participation, needs-based, building on knowledge, PDSA
HealthConnection Clinic, Triple Aim

› **Client experience:**
  › demographic and utilization data
  › client surveys and interviews

› **Outcomes:**
  › EMR clinical data
  › complexity tool (attachment, medical, mental health and social determinants) to assess needs, develop care plans and measure clients’ and population improvement over time

› **Economic Impact:**
  › Reductions in ED, hospitalizations, readmissions, LOS
  › Estimated cost savings of $1,100 per client
HealthConnection, Triple Aim Highlight

› “Took at risk” starting “on a shoestring”
› Few resources and no formal funding
› Leveraged community partnerships for design input, staff, and other resources
› Formally implemented Triple Aim objectives:
  • Improving health of vulnerable clients
  • Enhancing client experience
  • Reducing or controlling costs
› Measurement helped secure sustainable funding from Vancouver Coastal Health Authority in April 2016
Boyle McCauley Health Centre

› In Edmonton since 1979
› Community owned and operated
› Most clients homeless or unstably housed, and have addictions and/or mental health challenges
› Many Indigenous; some with HIV and sex workers
› Access through referral (often shelters) and drop-in
› Wraparound services by 1 of 3 teams during single visit
› One outreach team and several off-site programs
Boyle McCauley On- and Off-site Services

 › **Main clinic**: 3 teams, medical and social services, dental, programs (yoga, art, women’s), housing supports, outreach

 › **Kindred House** drop-in for women and transgendered female sex trade workers

 › **HAART House** drop-in for homeless clients living with HIV

 › **Youth Health Care Clinic** for traumatized youth at iHuman

 › **Miyowayawin Clinic** at Native Healing Centre

 › **Community Nursing Station** at men’s shelter

 › **Women’s Centre for Health** at women’s emergency shelter

 › **Pathways to Housing** for adults with a serious mental illness and chronic homelessness delivered mainly in the home
Boyle McCauley, Triple Aim

› **Client experience:**
  › Survey every 2 years with overall positive results
  › Wait time measures

› **Outcomes:**
  › Utilization and common conditions data
  › Clinical data, e.g., flu shots, mammograms, smoking cessation, diabetes education, A1c
  › EuroQol (5 dimensions) to measure health status

› **Economic Impact:**
  › 37% reduction in ED visits among 100 patients at wound care clinic, estimated total cost savings of $58,400
  › Triple Aim with AHS to assess ED utilization
Pathways to Housing, Triple Aim Highlight

› Client experience:
  › Retention rates average 99% per month
  › Positive Service Use and Recovery Survey and interviews
  › Fidelity assessment of assertive community treatment (ACT)

› Outcomes: Improvements over time in EuroQol, Quality of Life Survey, Health of the Nation Outcome Scale

› Economic Impact:
  › Reduced ED visits and hospitalizations
  › Paid for itself in reduced acute care alone

![Hospital utilization over four years of Pathways](image)

- Baseline: 29.6
- Year 1: 10.2
- Year 2: 6.3
- Year 3: 6.6
- Year 4: 1.6

# Emerg Visits vs. # Days in Hosp.
Institutionally-affiliated or Physician-led Programs

› Inner City Health Associates
Inner City Health Associates (ICHA)

› Formed in 2005 by Toronto physicians to address medical and social needs of homeless clients
› Funded by MOHLTC and supported by a board, executive (incl. Population Health Lead) and outreach coordinator
› 19,000 annual visits to >60 physicians at >40 sites
› Some sites provide primary care and psychiatric care; others provide one or the other
› Sites range in extent of services and resources from a FHT to shelters, drop-in centres and mobile services
Inner City Health Associates, Triple Aim

› **Client experience:**
  › Two surveys on health status, access, experience with providers and ED use showed overall positive feedback
  › Client advisory group (3)

› **Outcomes and QI Efforts:**
  › Standardized EMR entry; chart review of various conditions, procedures and care processes; review of opioid Rx; feedback to physicians; shared care; virtual office support

› **Economic Impact:**
  › Goal to reduce ED and hospital visits
  › But no formal data to date
PEACH, Triple Aim Highlight

› **Client experience:** palliative care for the homeless:
  “...opportunity to feel as good as you can given what's going on.”
  “Releases as much of the stress as possible....” Otherwise, he’d be “easily on the streets. There's nowhere else.”
  “My wishes are I didn’t want to spend what I have left alone...”

› **Outcomes:** Measure:
  › Advanced care planning, shared care, harm reduction, reconnected with family/ friends, died in location of preference, opioid Rx and substance use risk assessments

› **Economic Impact:**
  › 64% had no ED visits or unplanned hospitalizations
  › Find hospice beds to avoid hospital visits; LHIN funding a hospice opening in 2019
Specialized Programs

› H.E.R. Pregnancy Program
› Wellfort Youth Empowerment CI
H.E.R. (Healthy, Empowered, Resilient) Pregnancy Program

› Helps street involved pregnant women in Edmonton access health care and social resources

› Most clients are Indigenous, report substance use and live in shelters or are unstably housed

› Staff include 2 RNs, a social worker and 4 outreach workers who provide basic care, referrals and advocacy based in a community centre and on the street
# H.E.R. Pregnancy Program Triple Aim

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<th>Key indicators</th>
<th>Evidence supporting impact by data source</th>
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H.E.R. Pregnancy Program, Triple Aim

› **Client experience:**
  - Client-focused approaches support connecting and building trust and service provision
  - Participatory action research

› **Outcomes:** Social and health improvements related to:
  - retaining custody, gestational age, deliveries without complications, LBW, breastfeeding, housing, safer sex, empowerment and personal safety

› **Economic Impact:**
  - Social Return on Investment: $8.24 per dollar invested
H.E.R. Photovoice, Triple Aim Highlight

Prostitution and money. A lot of liquor. Trips to the liquor store. That was my old ways.

- Paula (Client)

This is actually my first time raising a little guy. He’s my third baby, but I never had custody of my other kids. He’s my first time custody. And it’s all really thanks to the H.E.R. [Pregnancy] Program.

- Paula (Client)
Wellfort, Youth Empowerment CI

- Programs for newcomer youth of South Asian and Caribbean heritage in Malton, ON supported by CHC
- Drop-in, girls group, dance, poetry, vacation programs

“...learned to use freewriting as a tool for mental health and self-care.”

“...more confident, social skills, meeting others, communication, collaboration, understanding the opinions/perspectives of others which can be different from mine, how to reach into my depths, self-understanding, how to be myself, sharing with others”

- Some youth taking leadership roles have started their own poetry group
Indigenous Programs

› Southwest Ontario Aboriginal Health Access Centre
Southwest Ontario AHAC

- Aboriginal Health Access Centre, providing health and social services throughout southwest Ontario
- In urban settings and on-reserve with 17 access points
- Funded through provincial and federal sources
- Operates within a holistic Indigenous health framework
- Wide range of staff, including traditional healers
Southwest Ontario AHAC, Triple Aim

› LHIN Multi-sector Service and Accountability Agreement:
  • Population profiles
  • Mental health and addictions services
  • Hospital and ED utilization
  • Financials

› Association of Ontario Health Centres practice profiles:
  • Client profiles
  • Client acuity and resource utilization
  • Hospital utilization
  • Specialist visits
  • Screening rates

› Staff allocated time for research
Southwest Ontario, Triple Aim

› Client experience:
  › Semi-annual client survey and interviews, community board
  › Several other community engagement activities:
    › “…robust commitment to engaging community members in shaping programs and services.”
    › “Programs and service approaches are adapted to meet the cultures, ceremonies, practices and varied needs of different communities.”

› Outcomes:
  › Measurement based on internal QIP
  › “Our Health Counts” urban Aboriginal health database

› Economic Impact:
  › Mental health, hospital and ED utilization
  › Resource Utilization Bands, Standardized ACG Morbidity Index
  › Per capita costing in 5 areas; also in practice profiles
SOAHAC, Triple Aim Highlight

New clients are informed of their rights; given a copy and its documented in the EMR:

- Culturally and physically safe and secure environment
- Part of decision making in wellness plan and healing path
- Know risks and benefits of receiving services
- Information privacy
- Culturally safe and best practices from providers
- Respect for dignity and autonomy
- Recognition of individuality, needs and preferences
- Informed about available programs and services
- Can consent to or refuse recommended services
- Can express concerns and know the complaints process
Summary of Key Themes
Key Learnings and Success Factors

› Innovative thinking and risk-taking
› Flexibility and adaptability
› Trauma informed and harm and risk reduction approaches
› Meeting clients where they are (location and personally)
› Non-judgemental and compassionate providers
› Interprofessional collaboration and case management
› Fostering and leveraging partnerships and networks
› Peer support
› Using experience and measurement to identify gaps and support improvement on an ongoing basis
› Still a long way to go on clinical and population measures
Client Engagement
Client Engagement in Health and Health Care

Client engagement:
“the involvement of patients and/or family members in decision-making and active participation in a range of activities. Starting from the premise of **expertise by experience**, patient engagement involves collaboration and partnership with professionals.”

Baker et al., 2016

Factors influencing engagement:
- Patient (beliefs about patient role, health literacy, education)
- Organization (policies and practices, culture)
- Society (social norms, regulations, policy)

Carman et al., 2013
Client Engagement

Levels of engagement

- Consultation
  - Client experience survey
  - Suggestion box

- Involvement
  - Key informant interviews
  - Patient advisory committee

- Partnership and shared leadership
  - Participatory & utilization-focused evaluation
  - Participatory action research (e.g. photovoice)
  - Peer support workers
  - Outreach workers with lived experience
  - Owning the program outside of institutional offering
  - Client representative on board of directors

Factors influencing engagement:
- Patient (beliefs about patient role, health literacy, education)
- Organization (policies and practices, culture)
- Society (social norms, regulations, policy)
Recognizing and Addressing Factors Influencing Engagement

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<thead>
<tr>
<th>Factors Influencing Engagement</th>
<th>Supporting the building blocks for engagement (the what)</th>
<th>Example strategies to meaningfully engage (the how)</th>
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<tr>
<td><strong>Patient</strong>&lt;br&gt;(beliefs about patient role, health literacy, education)</td>
<td>• Ensuring needs are met through the provision of care and referrals to community services&lt;br&gt;• Building trust between patient and system&lt;br&gt;• Recruiting and preparing clients to engage</td>
<td>• Ensure documentation is in plain language&lt;br&gt;• Assign a resource support person to enable participation in improvement initiatives&lt;br&gt;• Offer incentives to ensure, at minimum, their contribution is ‘cost’ neutral</td>
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<td><strong>Organization</strong>&lt;br&gt;(policies and practices, culture)</td>
<td>• Commitment to client-centred care as a strategic priority&lt;br&gt;• Recognizing the expertise in patients’ lived experience&lt;br&gt;• Improving access to engagement opportunities</td>
<td>• Commitment that no decisions affecting clients are made without clients (<em>nothing about me without me</em>)&lt;br&gt;• Ensure appropriate strategy for desired level of engagement</td>
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<td><strong>Society</strong>&lt;br&gt;(social norms, regulation, policy)</td>
<td>• Advocating to support engagement&lt;br&gt;• Leveraging community partnerships to advance engagement</td>
<td>• Model the engagement you expect to see in your own organization&lt;br&gt;• Meet people where they are at</td>
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Conclusions

› Client engagement in health system redesign can accelerate improved population health, costs and care (*patients and clients bring new and different ideas than providers working on their own*)

› In high-performing organizations, engagement activities are tailored to goals of the engagement process and occur at all levels of the engagement spectrum (from information seeking to shared decision-making)

› Vulnerable populations are willing and able to engage and require supports for meaningful engagement
Next Steps

› Complete case study write-ups
› Generate a list of similar initiatives across Canada
› Share results with participants (via portal)
› Inform future CFHI work
Questions?
Small Group Questions

Learning from Canadian Cases

1. What are the critical factors that support successful implementation and delivery of these programs and services?

2. What challenges have you encountered and how were they overcome?

3. What other initiatives could further inform this work?
References
