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Integrated Client Care Project, OACCAC
Creating Shared Value

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Creating Value

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Establishing a Vision

• The beginning point from which we look at things is critical
Readiness

Leadership

People

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Readiness

“Forging Ahead… Evidence to Innovation”

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Knowledge, Service, Consulting

- Team of 5,000 staff
- 5 million annual health care visits
- Across Canada
- Everything but a hospital

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Shirlee Sharkey
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Mary Kardos Burton
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2020 Vision

To honour the human face of health care.
Examples of Shared Value

Wait Times Guarantee Pilot

Integrated Client Care Project

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Re-imagine:
• our understanding
• our access points
• our experience
Integrated Client Care Project (ICCP)
From Theory to Practice

Mary Kardos Burton, Project Manager, ICCP
Canadian Health Services Research Foundation – Researcher on Call
March 3rd, 2011

With the Centre for Healthcare Quality Improvement (CHQI) at The Change Foundation providing quality improvement coaching and capability-building.
The Case for Change:

- The Ontario government identified the need to move toward redesigning the Ontario health care system to dramatically enhance value for clients and improve health outcomes.

- The value proposition of ICCP is:

  ![Value Proposition Diagram]

  \[
  \text{VALUE} = \frac{\text{Patient/client health outcomes}}{\text{Total cost of care for the client's condition}} \quad \Rightarrow \quad \text{END GOAL} = \frac{\text{Healthier Ontarians}}{\text{Sustainable health care expenditures}}
  \]

- A shared vision was established among the Ministry of Health and Long-Term Care, The Ontario Association of Community Care Access Centres, and the Rotman School of Management – sponsors for the project.

- Established an innovative project to test and explore the opportunities for change starting with home care as a potential hub for an integrated delivery system.

- The main thrust is that care is organized around client needs based on client groupings: wound care, palliative care, frail seniors, and medically complex children.

- Based on Harvard Professor Michael Porter’s work, these are the principles for achieving value-based care: Specialization, Integration, Coordination.
The Approach Used:

- A multi year initiative that engages committed, self-identified purchasers of services (Community Care Access Centres (CCACs)) and private and non for profit providers who provide clinical services.
- Early implementation sites are used to develop, implement and evaluate, in order to consider future policy changes to support transition.
- Quality improvement methods are used and involve frontline workers and senior leadership at the purchaser/provider level along with change management, education supports and impact assessment.
- Continuous improvement approach forces a review of the current processes identifying bottlenecks and redundancies, a move toward an outcomes-based approach for clinical and process measurement, and building quality improvement capacity in home care.
- Exhaustive literature reviews resulted in key design elements that would make a difference and result in improvement.
The Key Design Elements:

- Case management/navigation for clients and the system
- Coordinated and shared multidisciplinary assessment
- Integrated Clinical Service Teams focusing on accountability for clinical coordination
- Adoption and agreement on best practices
  - Evidence based design using clients and families in the design process
- Alternative reimbursement model based on outcomes, and rewards for innovation
The Implementation Highlights:

- Confirmation of client groupings relied on quantitative and qualitative evidence, confirmation by a resource table, clinical and technical experts, and consultation with researchers and health care leaders.

Wound Care

- Four sites are involved in wound care and are testing improvements in venous leg ulcers and diabetic foot ulcers since April 2009.
- Two types of wounds were chosen to ensure a focus on the ability to measure for outcomes.

The cycle of learning continues as we concurrently implement palliative care...

Palliative Care

- Palliative care is starting in June 2011 with 6 sites.
- The approach to palliative care is a more system-wide approach integrating all partners in regions: hospitals, hospice care, community support services, physicians. A broader definition of palliative will be used rather than end-of-life.
- Strengths and gaps will be identified in each participating region, and ways to improve them.
The Key Measures of Success:

- Improved client experience
- Improved health outcomes compared to control group
- Evidence of better/appropriate use of and linkages between all parts of the health care system (acute, community, primary care)
- Evidence demonstrating increase/impact in values to clients (outcomes/costs)
- Increase in integration
- Incentives aligned to the reimbursement model
- Improvements in quality to sustain the system
The Lessons Learned:

- Keep the focus on the client; this must be your compass
- It takes courage to admit that processes aren’t as efficient as you thought they were
- The resources required are more than all parties thought
- Making change is generally difficult
- Measuring outcomes is worth doing but hard to undertake
- What constitutes logic in determining standardization while allowing for local variation
- Clarity of language and terminology cannot be underestimated
- The time it takes to build relationships built on trust
- Use creativity to remove the barriers to innovation
- The need for everyone to show leadership – this drives innovation and solutions
How to ask a question...

- To ask your question verbally, please enter *1 on your telephone.

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