The Integrated Client Care Project:
Intent and Insights

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The experiences of the Integrated Client Care Project (ICCP) between 2008 and 2012 offer valuable insights as OntWIG moves forward.

A: Intent – A history of ICCP, key concepts and milestones:
- Value-based theory and the original policy intent of the project
- Governance & implementation structure
- Translation into the six “puzzle pieces”
- Rationale behind the choice of wound care
- Support provided
- Progress and evolution

B: Insights, Challenges, and Barriers
- Integrated System of Wound Care
- Evidence based practice
- Patient-centred
- Value-based

C: Concluding thoughts
In December 2008, Cabinet launched “Strengthening Home Care Services in Ontario”, officially introducing Porter/Teisberg ideas to home and community care.

Ontario

Ministry of Health and Long-Term Care

ONTARIO STRENGTHENS HOME CARE SERVICES
McGuinty Government Sets Standards For High Quality Of Care

NEWS December 15, 2008
2008.nr-120

The McGuinty government is ensuring Ontarians receive the highest quality of home care services with a new strategy that includes province-wide quality measures and a public reporting system.

The strategy will strengthen the way Community Care Access Centres (CCACs) make arrangements for home care services, provide information and referrals to community-related services, and authorize admission to long-term care homes.

Highlights of the strategy include:
- Strengthening accountability for home care services among service providers and CCACs by implementing quality measures and a public reporting system
- Improving the current CCAC competitive bidding process to ensure consistent, quality care for clients and to enhance transparency and fairness in the selection of service providers
- Enabling CCACs to provide clients with care teams suited to their medical condition
- Expanding the role of CCACs to include placing clients in adult day programs and supportive housing, providing services such as diagnostic and respiratory therapy, and offer nursing and

Value-Based theory and the original policy intent
Value

Quality of the person’s experience

Dollars spent

- For the full cycle of care
- Quality includes clinical outcomes and the person’s experience
Achieving Value

**Organize into Integrated Practice Units (IPUs) around the patient’s / client’s condition**

Measure outcomes and cost for every patient / client

Reward providers based on results

Move to Bundled Prices for Care Cycles

Positive Competition

Bundling

Size

Information

Organization

Create Enabling Information Technology

Realize value through learning and scale economies; Grow by expanding excellent IPUs
ICCP Governance and Oversight

Membership in the steering committee & teams included representatives from CCACs, LHINs, primary care, acute care, relevant associations & HQO.

Steering Committee
MOH Chair, External Vice Chair

Project Management - OACCAC

Implementation Oversight:
Strategic Oversight Group (one, for all sites)
Local Oversight Group (four, one at each site)
Improvement Teams (four, one at each site)
From Principles to Practice

Integrated Client Care Project

- Enhanced with Specialized Case Management
- Facilitated by Coordinated Assessment
- Strengthened by System-Wide Navigation and Integration
- Aligned with reimbursement that is based on outcomes and rewards innovation
- Informed by Clinical / Leading Practice
- Delivered by Integrated Clinical Service Teams
ICCP: Achieving Value for the Client in Home Care

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Integrated Client Care Project
Rationale for Wound Care

Wound care, including hips and knees, met ICCP’s #1 criterion: Significant portion of system resources, in home care and across the system.

Wound care also met ICCP’s “value-based” criteria:

• There is significant potential to improve client outcomes.
• There is significant potential for efficiencies and cost savings.
• The grouping requires interventions of multiple care providers.
• The grouping requires specialized interventions.
• There are opportunities to leverage ongoing activities in this grouping.
• There are opportunities to create linkages to acute, primary and community care.
• The grouping has established, measurable client outcomes.
• It would be possible to set up a method for measuring client outcomes.
• It would be possible to create and retrieve information from an integrated client record.
• There is costing data available for the grouping.
ICCP: Outcome Based Reimbursement

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Integrated Client Care Project

Ontario

Collaborative for Health Sector Strategy
ICCP
Diabetic Foot Ulcers & Venous Leg Ulcers

1. Erie St. Clair CCAC and Saint Elizabeth Health Care
2. Central West CCAC and Saint Elizabeth Health Care
3. Northeast CCAC and Bayshore Home Health
4. Champlain CCAC and Carefor Health and Community Services
Support

Each site was provided with:

- Four education sessions provided jointly by the three partners, including travel and accommodation
- On-site training and coaching from the Centre for Health Quality Improvement (later HQO)
- Institute for Healthcare Improvement (IHI) training for one staff member per site
- Contract management support
- Communications support
Overall, progress significant given barriers and challenges.

- Training and coaching completed in all four sites
- Evaluation team in place since June 2010
- 2 bundled payment trials performed, one in Champlain and one in Central West, providing insights into how to design a workable outcome-based payment system.
- Education of stakeholders (providers, CCACs, primary care, LHINs etc.) through a series of presentations and consultations
- Development of CHRIS enhancements necessary for client identification and outcome measurement
Progress and Evolution

ICCP wrapped up in June of 2012 and deliverables migrated to the relevant organizations:

- Outcome Based Pathways and Reimbursement now with the Ministry of Health and the OACCAC, forming the homecare/community portion of the Quality Based Procedures system.
- Integrated teams, specialized case management, system navigation and coordinated assessment with the OACCAC as part of the “Quality and Value in Home Care” initiative.
Connecting the ICCP and OntWIG Frameworks

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One Vision
Fewer wounds, Faster healing

Goal 1
Pan-provincial Wound Care Strategy

Priorities

Goal 2
Provincial Wound Care Governing Body

Access
Information
Awareness

Principles

Integrated
Evidence-based
Patient-centred
Value-based

Ontario Association of Community Access Centres
ACASCO
Collaborative for Health Sector Strategy
Connecting the ICCP and OntWIG Frameworks

Integrated
- Specialized Case Management
- Coordinated Assessment
- System Navigation and Integration
- Integrated Clinical Service Teams

Evidence-based
- Clinical/Leading Practice

Patient-Centred - all
- Outcome-based reimbursement

Value-based
Insights, Challenges and Barriers

Integrated

• A compelling concept with universal agreement.

• Cross sector integration always a long term goal of ICCP, but success requires structural/budgetary alignment and change.

• Incentives designed to enable alignment across sectors – outcomes, pathways, rewards should be consistent. E.g. “Avoidable readmission”

• Importance of stakeholder management/engagement – building trust, communicating with those directly and indirectly involved.
Evidence-based practice

• Ensuring the system of wound care supported evidence-based practice was a primary goal of ICCP. This was the reason behind changing the framing from services to outcomes.

• Much time spent understanding structural, organizational and system factors that allow/prevent evidence based practice to flourish.
  • Contracts, service structure
  • Availability of resources, supplies, equipment, expertise – e.g. devices

• Outcome-based pathways were developed and operationalized in CHRIS to support evidence-based practice.
Insights, Challenges and Barriers

Patient-centred

• ICCP aimed to align system incentives, including payment, with client goals.
• ICCP raised awareness and reinforced the language.
• Always valuable to bring any discussion back to the patient’s perspective, and frame any proposed change/idea from their point of view. Tell their stories.
• Using Picker Principles a great idea, since hospitals and others use the same ones.
Insights, Challenges and Barriers

Value-based

• The term “value” was new in 2008 – now we hear it all the time, and for good reason.
• Framing the case for change in terms of value was effective for ICCP, and continues to be a compelling approach. Always be ready to give examples/cases.
• The more inclusive in terms of services, the greater the potential for innovation and value creation. Equipment? Specialty services? Physician services? Drugs?
• The processes for measuring and reimbursing outcomes are just as important as the outcomes and associated price.
• Importance of shared information systems to reduce administrative burden can’t be emphasized enough.
• The Ministry of Health embraced and continues to support the ideas of value-based care.
Concluding thoughts

The experiences of the Integrated Client Care Project (ICCP) between 2008 and 2012 offer valuable insights as OntWIG moves forward.

• Communication, communication, communication
• Despite challenges, cross-sector efforts have great potential and are worth pursuing.
• However, it’s a balance between making compromises and reinforcing the “old ways”.
• There are many agendas; recognize & manage conflicts of interest.
• Ensure redundancy in key roles so departures won’t affect progress.
• Prioritize and resource accordingly; who/whatever has the most resources will define what gets done.
• Information management and data strategy essential
• Communication, communication, communication