Health System Integration

Lessons from Public Health and Primary Care Integration and Partnership International Models

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Health Transition Themes & Drivers Across Canada

- Decentralization vs centralization
- Promotion of local innovation and needs based approaches vs standardization and efforts to reduce unnecessary variation
- Imbalance in the Quadruple aims
- Acute care focus vs Community services and population focus
- Treatment and wait time (supply) focus vs prevention and promotion (demand reduction) focus
- Etc

Pendulum swings or slow correction toward the true sweet spot?

Current context

- More focus on:
  - Lumping over splitting
  - Primary (health) care (gatekeeper role and keeping people healthy and supported in the community)
  - Patient centredness
  - Integration of community services
  - Prospect of more health promotion, disease prevention and collaboration with other sectors
  - Health equity (in access, outcomes, appropriateness)
  - Cultural humility, response to the Truth and Reconciliation Calls to Action
  - Cost containment/"waste" reduction and QI

Opportunities and Risks for Health System Integration

- Opportunities
  - Structural change to support all the previous trends (patient centredness, efficiencies, focus upstream, better flow, etc)
  - Standardization of highest quality processes and services
  - Reduce duplication and improve communication across system
  - Evidence from research and natural experiments
- Risks
  - Unrealized potential due to lack of investment in necessary change management or new infrastructure and supports for new ways of working (data, tools, shifting of resources and personnel)
  - Getting rid of what is working well while we move to new model
  - Inertia, micromanagement, intolerance for local variation or innovation
- Mitigation – Learning Organization, Evidence – informed decision making!

What do we mean by "Integration"?

Definitions:

- Integration
  - 1) Combine (one thing) with another to form **a whole**.
  - 2) Bring (people or groups with particular characteristics or needs) into **equal participation in or membership** of a social group or institution.
- Amalgamation
  - Combine or unite to **form one organization or structure**
- Partnership
  - A person or group that takes part with another or others in doing something.

Source: Oxford Living Dictionary 2019

Integrated health services delivery network

- "A network of organizations that provides, or makes arrangements to provide, equitable, comprehensive and integrated health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and for the health status of the population that it serves."
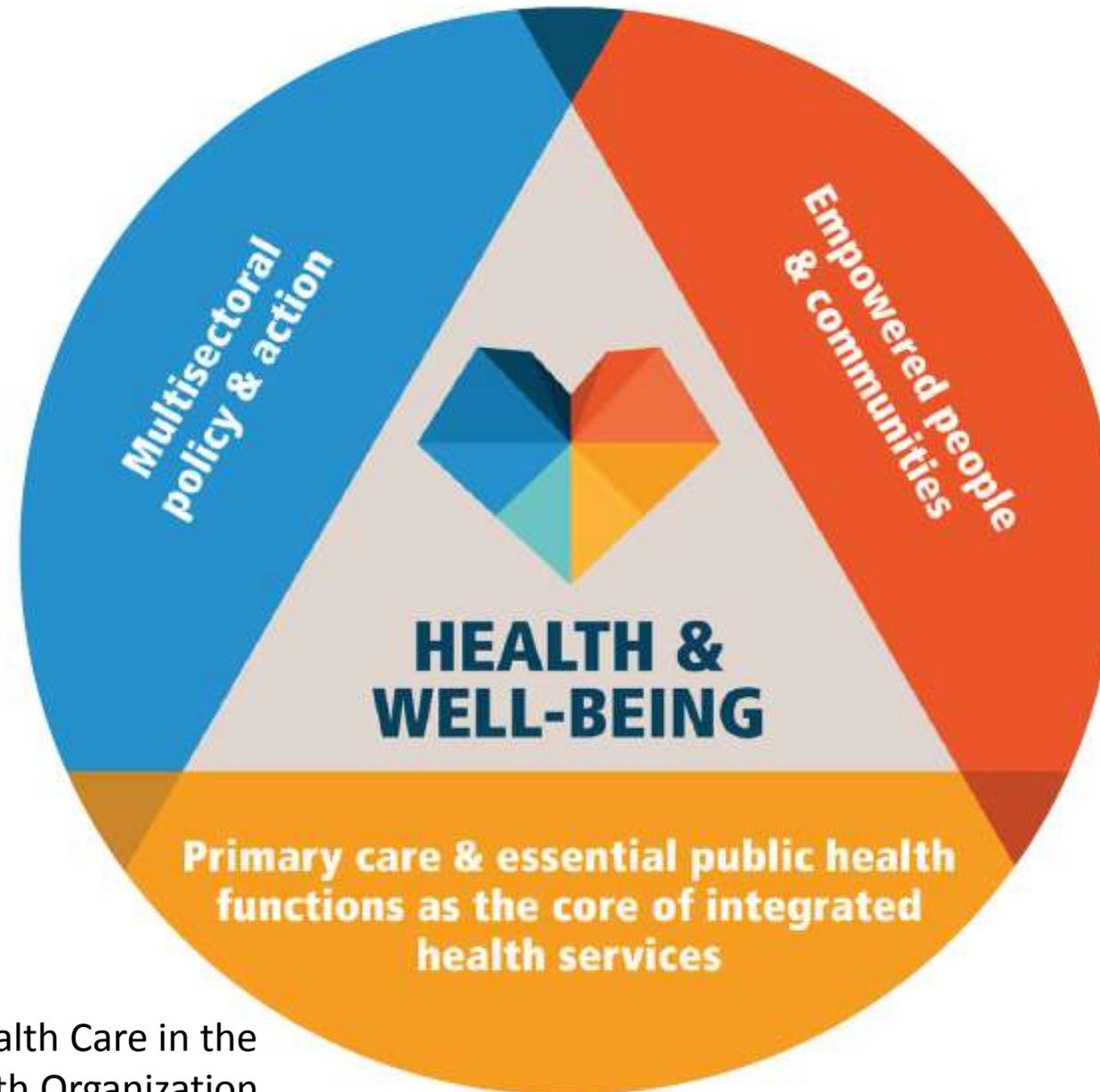
What is Primary Health Care?

- "PHC is a whole-of-society approach to health that aims to ensure the highest possible level of health and wellbeing and their equitable distribution by focusing on people´s needs and preferences (as individuals, families, and communities) as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment. "

Source: A Vision for Primary Health Care in the 21st Century – 2018 World Health Organization

Fig. 1 The components of primary health care

Source: A Vision for Primary Health Care in the 21st Century – 2018 World Health Organization

Operational levers

- A. **Engaging community and other stakeholders** to jointly define problems and solutions and prioritize actions
- B. Models of care that **prioritize primary care and public health** functions
- C. Ensuring the delivery of **high quality and safe health care services**
- D. Engaging with private sector **providers**
- E. The PHC **workforce**
- F. Physical **infrastructure**, and appropriate medicines, products, and technologies
- G. **Digital technologies**
- H. Purchasing and payment systems
- I. **PHC-oriented research**
- J. **Monitoring and evaluation**

6 models of integration in a range of countries

- 1. integrating public health professionals into primary health care;

- 2. training primary health care staff in public health;

- 3. public health services and primary health care providers working together;

- 4. providing comprehensive and proactive benefit packages that include public health services and principles;

- 5. building public health incentives into primary health care; and

- 6. placing primary health care services within public health settings (used in exceptional circumstances only).

INTEGRATING PUBLIC HEALTH AND PRIMARY HEALTH CARE
SERVICES IN THE WHO EUROPEAN REGION- WHO Europe 2018
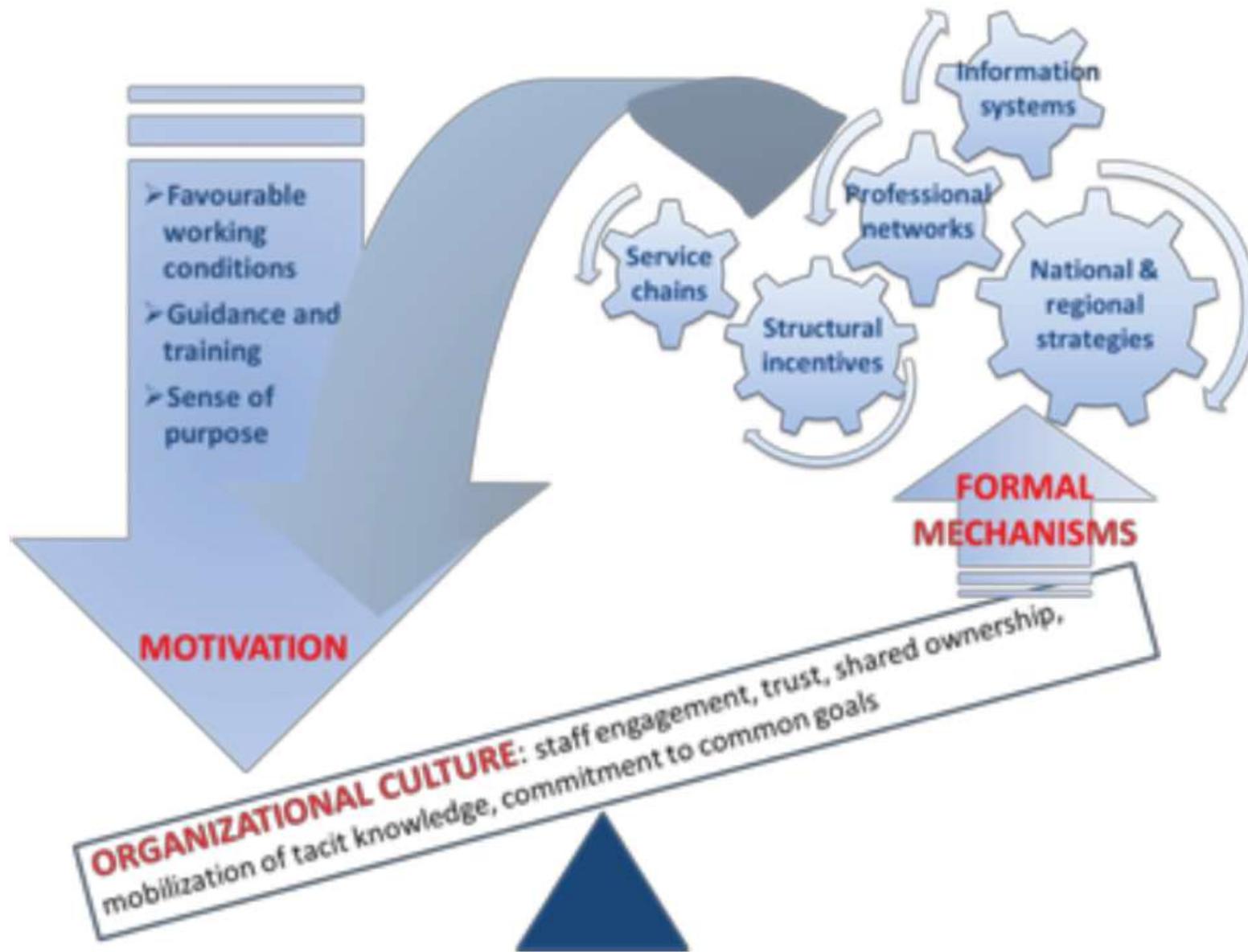
Fig. 1. Positive feedback cycle in successful collaborations

Source: ENSURING COLLABORATION BETWEEN PRIMARY
HEALTH CARE AND PUBLIC HEALTH SERVICES. WHO 2018

Increasing collaboration between public health and primary health care professionals

- 1. Enhance staff satisfaction, incorporating these improvements into program operations and objectives.
- 2. Define and sell program goals to all parties involved to ensure buy-in.
- 3. Build the professional capacity needed to implement the program.
- 4. Establish a flexible legal and structural framework for the program at the macro and meso levels.
- 5. Build trust between and within organizations.
- 6. Promote collaborative practice as a valued professional competency.
- 7. Develop national policy goals through organic, participatory processes.
- 8. Align structural incentives according to program goals.
- 9. Create organizational synapses through information technology systems for health.
- 10. Develop innovative monitoring and evaluation schemes.

Selected insights from a discussion on integrating public health services and primary health care

- The integration process is not easy and requires investment in people. This investment should be aimed at stopping service providers from taking ineffective action; the question is how to identify such action

- take a strategic stepwise approach to integration

- Both clear long-term objectives and clear short-term wins are needed to maintain motivation. Service providers need to receive data showing the success of change, but this requires new types of data

- Public health services and primary health care show trends towards proactive and integrated interventions (prevention and health promotion), illustrating a shift from "illness services" to "health services".

Summary

- Current focus on health system transformation has many positive motivations and opportunities

- International research evidence gives us good advice on how to maximize these opportunities

- Need to learn from the successes and mistakes of other jurisdictions and not weaken areas of strength inadvertently in our rush to change structures and processes

- All perspectives (provider, patient, community, intersectoral partners, support systems and technology) are important to ensure we are balanced in our approach to the improving our (quadruple) aim