Strategy for Patient-Oriented Research

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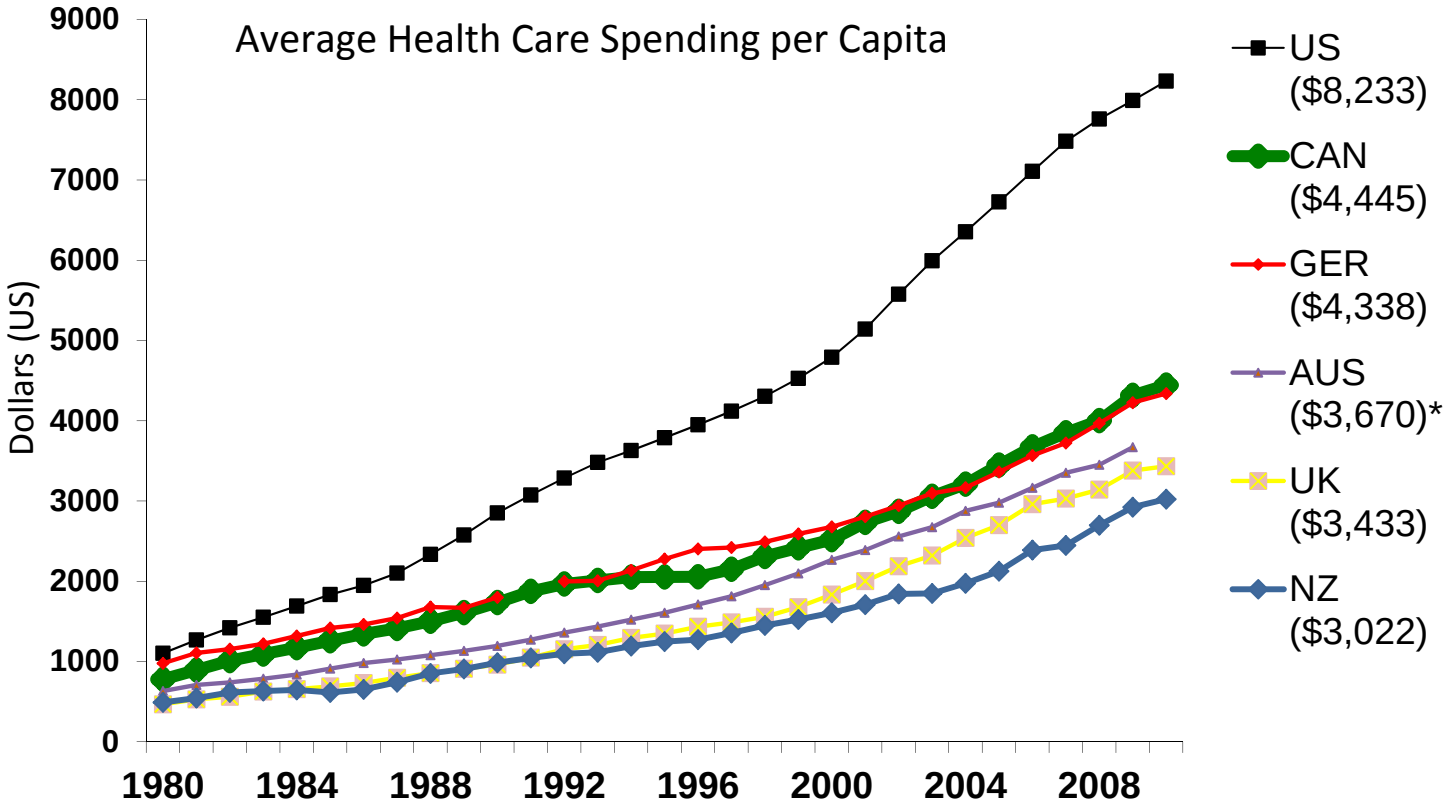
The SPOR Foundations of Integrated Health Care Innovations Network

The Context: Bang for our buck?

Share of Canadian revenue spent on health care is increasing <u>but</u> we are falling behind other industrialized nations on value



Source: OECD Health Data 2012. (Adjusted for Differences in Cost of Living)

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Is Canada getting value for money? How we compare:

Country Rankings	
	1.00–2.66
	2.67–4.33
	4.34–6.00

	Australia	Canada	Germany	New Zealand	United Kingdom	United States
Overall Ranking (2007)	3.5	5	2	3.5	1	6
Quality Care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Patient-Centered Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Healthy Lives	1	3	2	4.5	4.5	6
Health Expenditures per Capita, 2004	$2,876*	$3,165	$3,005*	$2,083	$2,546	$6,102

Source: Calculated by the Commonwealth Fund based on the Commonwealth Fund 2004 and 2005 International Health Policy Surveys, the 2006 Commonwealth Fund International Survey of Primary Care Physicians, and the Commonwealth Fund Commission on a High Performance Health System National Scorecard.

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The Context: Many Challenges

- Aging population
- Increasing burden of complex multiple morbidities
- Roots of adult disease are often formed during childhood
- Socio-economic conditions that make people vulnerable and exacerbate inequities in access to health and health care
- Higher rates of morbidity and mortality for vulnerable subgroups
- System that poses access issues for patients with high and complex needs
- System with complex and difficult to navigate transitions in care
- Fragmented and uncoordinated care pathways that lack integration
- Focus on treatment rather than prevention

Antiquated, hospital-centric delivery model is not appropriate to today's urgent health needs

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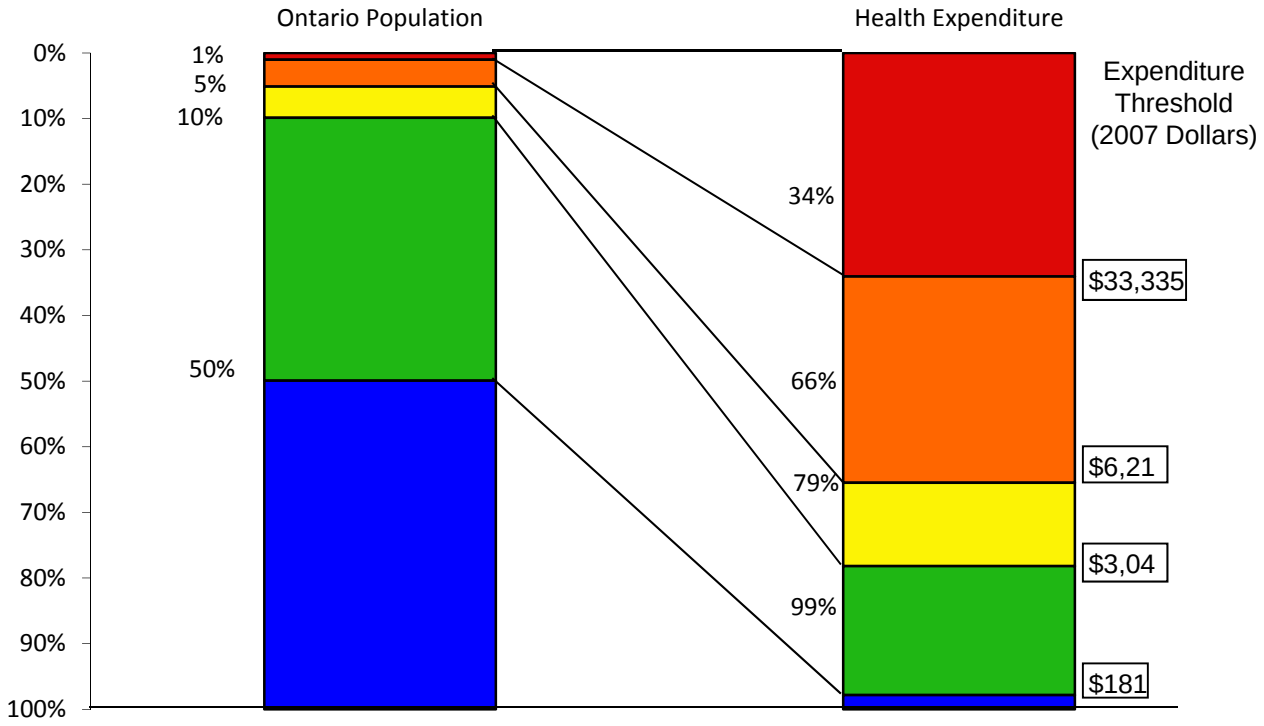
Challenges: Meeting the complex care needs of high-system users

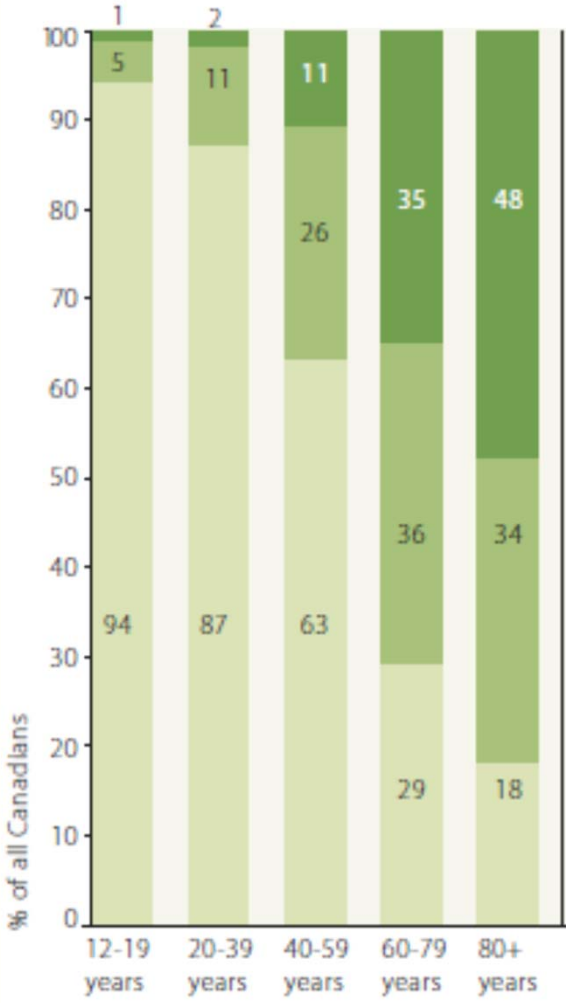
Health Care Cost Concentration:
Distribution of Health expenditure for ON, 2007



On average, health care spending is highly concentrated, with the top 5% of the population (ranked by cost) accounting for 66% of expenditure

Source: Wodchis et al, ICES, 2012 CAHSPR Conference

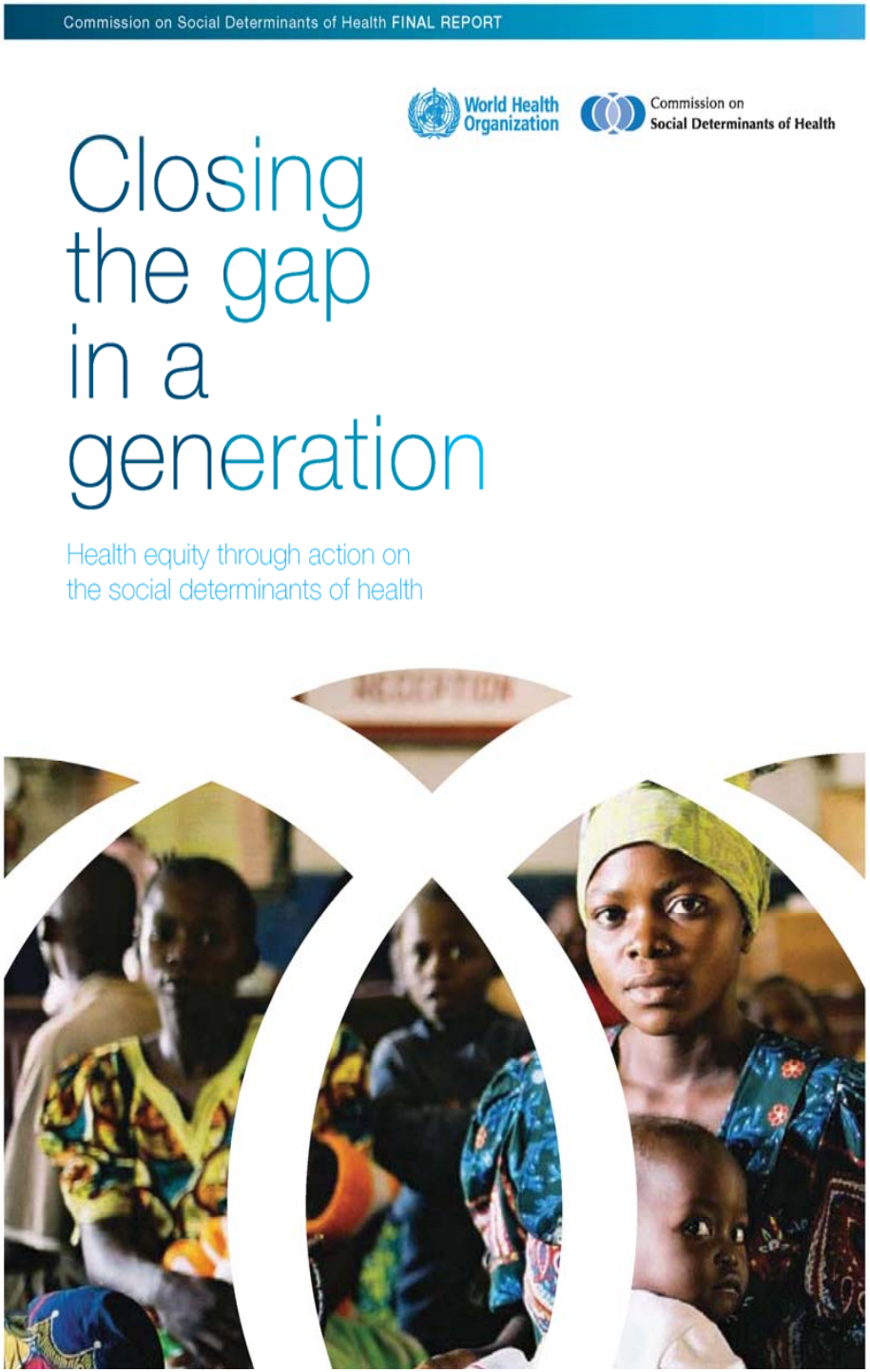
Challenges: Meeting the needs of Canada's aging population



- No select chronic conditions
- 1 select chronic condition
- 2 or more select chronic conditions

- Chronic conditions are more common in older people
- Includes: arthritis, cancer, COPD, diabetes, heart disease, high blood pressure, and mood disorders

Source: Health Council of Canada, Population Patterns of Chronic Health Conditions in Canada, 2007



Challenges: Integrated approaches to health and health care that addresses the upstream determinants of health

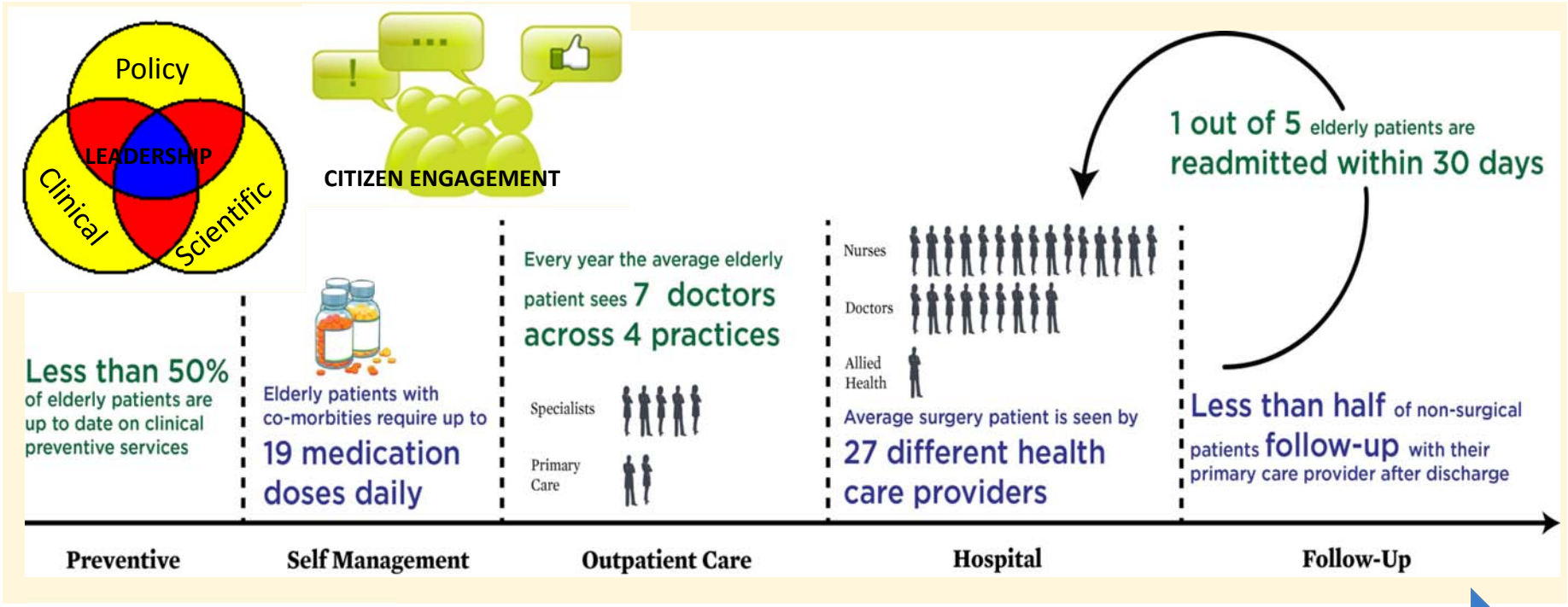
Commission's Recommendation:

'Equity from the start'

Source: Clyde Hertzman

The Solution: Continuously Learning Health Care Systems

Representative timeline of a patient's experience in the health care system



Data Platform

Evidence – on – the - Go

Ben Chams – Fotolia

Source: Best care at lower cost: the path to continuously learning health care in America. Institute of Medicine, 2012

A Continuously Learning System focused on Integrated Health Care Delivery

The solution: A **network of networks** with **research-policy-clinical leadership** that is focused on creating **vertically and horizontally integrated health care delivery systems** for **high system users** with complex needs (including older adults with multiple chronic conditions), and children.

This network of networks is based on the principles of a **learning health care system** and is designed to foster continuity of care, smooth transitions between sectors of care, improve health system efficiency, contribute to a better patient and family experience, and improve health and health equity outcomes.

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Integrated Health Care: Foundations in Community-Based Primary Health Care

- Building on foundations in community-based primary health care, greater emphasis is needed on models of care that facilitate horizontal and vertical integration within and across sectors of health care (e.g., public health, primary health care, secondary, tertiary, home and long-term care) as well as outside of the health sector (e.g., education, housing, social services); and that foster transitions across the care continuum.

- A critical and novel aspect included in this focus is the assessment of upstream predictors of high need that enable the identification and targeting of prevention strategies and interventions and the engagement of sectors within and outside of health

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Integrated Health Care and Primary Prevention for Whom?

- High system users with complex care needs (including older adults with multiple chronic conditions); and

- Children:
  - Opportunity for primary prevention strategies and interventions that mobilize sectors within and outside of health

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Network Focus (Re-cap)

- The Network will initially focus on new approaches to the delivery of integrated health care both horizontally and vertically across the care continuum for:
    - High system users with complex care needs (including older adults with multiple chronic conditions); and
    - Children

- A critical and novel aspect of this focus is the assessment of upstream predictors of high system use, and upstream approaches to address socio-structural determinants of health in children, that enable the identification and targeting of prevention strategies and interventions.

- Within these priority focus areas, the Network will support research that addresses integrated care priorities shared by several provinces/territories/federal jurisdictions and where there is value-added in a cross-jurisdictional approach

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Network Objectives

1. Create cross-jurisdictional opportunities to conduct research on the comparative efficiency, cost-effectiveness and scalability of innovative and integrated models of care that build on the foundations of CBPHC and facilitate transitions into and along the care continuum.
2. Accelerate the timely investigation of new interventions and approaches in integrated care across multiple jurisdictions and sectors.
3. Catalyze research on and scale-up of cost-effective and innovative approaches to integrated health care delivery.
4. Support capacity building among researchers, clinicians, decision-makers and citizens/patients/families for timely generation and use of integrated health care knowledge.
5. Foster the exchange of information and evidence on successful and unsuccessful interventions and innovative models of integrated health care across jurisdictions to inform policy development.

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Network Implementation: A Phased Approach

Phase I (Fall 2013)

- Launch Network Development Grants competition
- Establish Management Office and Funder's Consortium

Phase II (Winter and Fall 2014)

- Launch Network Coordinating Centre competition
- Recipients of Network Development Funds apply to become full member networks

Phase III (Fall 2014 / Winter 2015)

- Funders' Consortium identifies Network's research priorities
- Member networks receive funding for cross-jurisdictional research

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Phase 1:
Network Development Funds

Objectives:

- Support the creation and/or further development of formal member networks in provincial, territorial and federal jurisdictions to meet the membership requirements (listed on next slide) of the SPOR Foundations of Integrated Health Care Innovations Network

Funding:

- CIHR will provide funding for up to 14 member networks (one from each province and territory and a federal jurisdiction). The maximum amount from CIHR is up to $75K and applicants must match this on a 1:1 basis

Key Dates:

- Anticipated competition launch: October 2013
- Anticipated application deadline: January 2014
- Anticipated funding start date: March 2014

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Phase 2:
Network Membership Requirements (1/2)

1. Tri-partite leadership (science, policy, clinical)
2. Strategic scope: high system users with complex needs (including older adults with multiple chronic conditions), and children
3. Engagement of Key Stakeholders in Integrated Care Re-Design
4. Citizen/patient/family engagement
5. Capacity for rapid monitoring, evaluation, feedback (linkages with SUPPORT Units)

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Phase 2:
Network Membership Requirements (2/2)

6. University partnerships to develop integrated health care research capacity
7. Capacity to implement and evaluate e-Health solutions that could improve the cost-effectiveness of care delivery
8. Geographic scope: Coverage of practices and patients
9. Linkage of CBPHC Innovation Teams and teams/networks relevant to child health
10. Partnership funding (1:1 for infrastructure award and research priorities)

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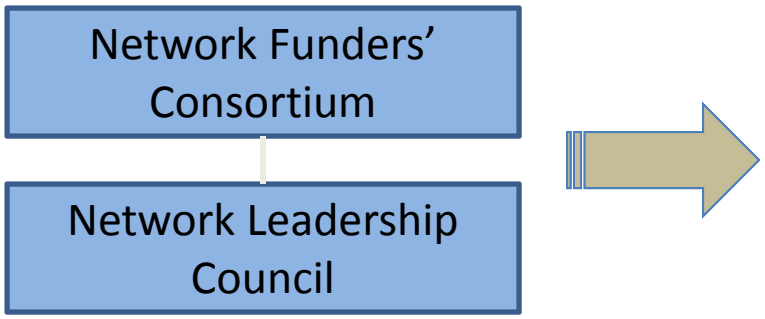
Phase 3: Priority setting and research
What will this look like?



Priority setting: *for example:*

•**New models of care for older adults** (assessing the comparative cost-effectiveness of the different models for managing older adults with multiple chronic conditions to reduce nursing home placement and avoidable hospitalizations and foster transitions across care)

Co-investment and cross-jurisdictional collaboration: BC, NS and QC collaborate. NS invests $450K to lead comparative cost-effectiveness; BC invests $300K to examine impact of different models on transitions across care; QC invests $250K to examine impact of different models on nursing home placement and avoidable hospitalizations.

Peer review and funding: Network management office coordinates assessment of research protocol. Upon approval, CIHR matches funding on 1:1 basis with member networks ($1M) for a total overall budget of $2M

Network: Entire Network (including all member networks) benefits from findings shared through Leadership Council interactions, Coordinating Centre, and annual Network forums

Additional Examples of Common Challenges and Different Approaches

Models of Care:

- BC, ON, QC, and the Atlantic region are implementing different policies and models of care to address their shared priority of "new models of integrated care for the frail elderly". What are the health and economic impacts of these different approaches to integrated care for the frail elderly?

e-Health:

- Some provinces have implemented Telehealth and new payment strategies for e-consults to improve access to care in rural and remote areas. Is this more cost-effective than transporting patients to urban/regional care facilities?

Resource allocation and disinvestment:

- What is the impact of eliminating prescription co-payments for high needs complex patients to improve medication adherence and reduce ED visits and hospitalizations?

Prevention:

- Does implementation of a flu vaccination program for children reduce ED visit and hospitalization rates for high needs complex patients?

Care for Children:

- ON, QC and NS have each adopted a different approach to address their shared priority of "integrated models of care for children with obesity" and are involving different sectors of care. What are the health and health system impacts of these various strategies?

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Key Timelines

October 2013:

- Anticipated launch of Network Development Funds competition (with January 2014 application deadline and March 2014 funding start date)

October – December 2014:

- Network information webinars to learn more about the Network overall and the Network Development Funds competition

Please note: other key timelines will be shared as they are finalized.

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For more information please contact:

Institute of Health Services and Policy Research (Co-lead)
Robyn Tamblyn, Scientific Director
Meg McMahon, Assistant Director
mmcmahon.ihspr@mcgill.ca

Institute of Population and Public Health (Co-lead)
Nancy Edwards, Scientific Director
Erica Di Ruggiero, Assistant Director
e.diruggiero@utoronto.ca

Institute of Human Development, Child and Youth Health (Co-lead)
Shoo Lee, Scientific Director
Sarah De La Rue, Assistant Director
sdelarue@mtsinai.on.ca

Institute of Aging (Co-lead)
Yves Joanette, Scientific Director
Michelle Peel, Assistant Director
michelle.peel@cihr-irsc.gc.ca

Institute of Nutrition, Metabolism and Diabetes (Collaborator)
Phil Sherman, Scientific Director
Mary-Jo Makarchuk, Assistant Director
mary-jo.makarchuk@sickkids.ca

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Appendix

The Context: Bang for our buck?

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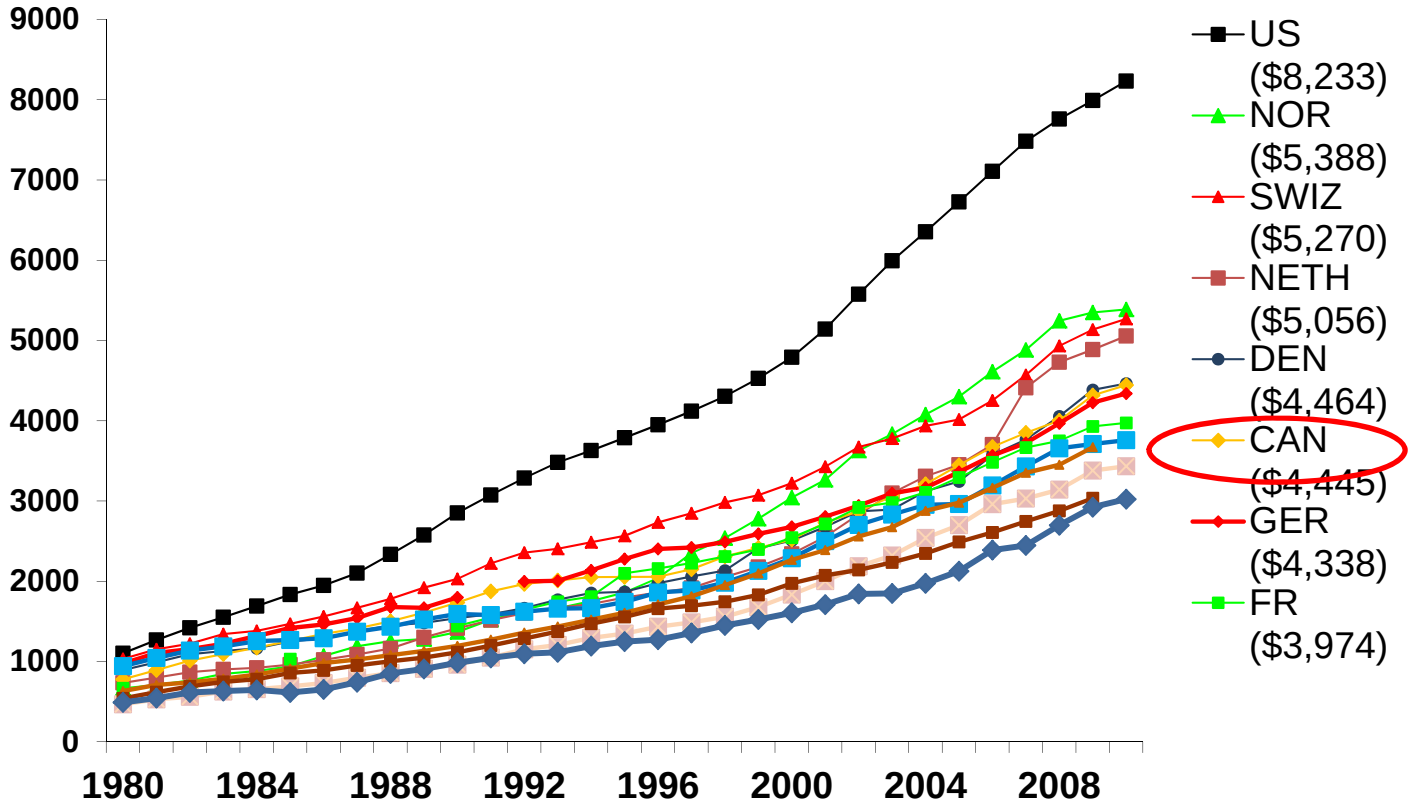

Source: OECD Health Data 2012.

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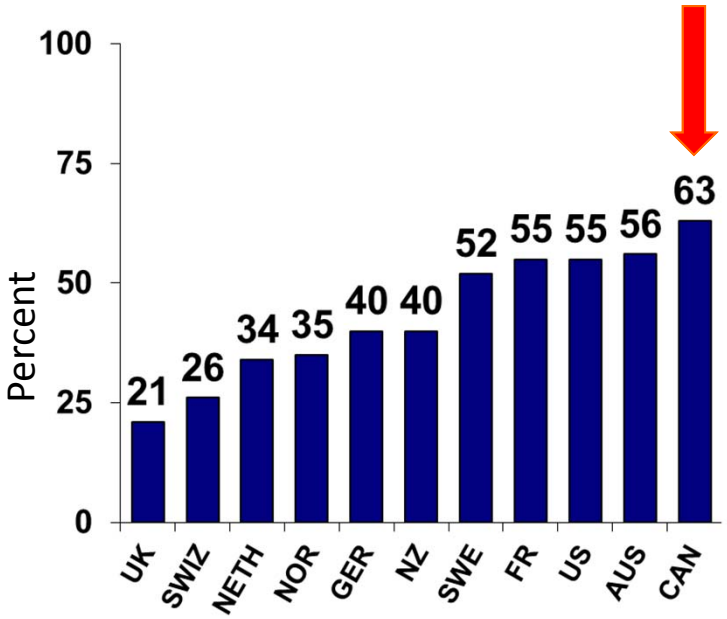
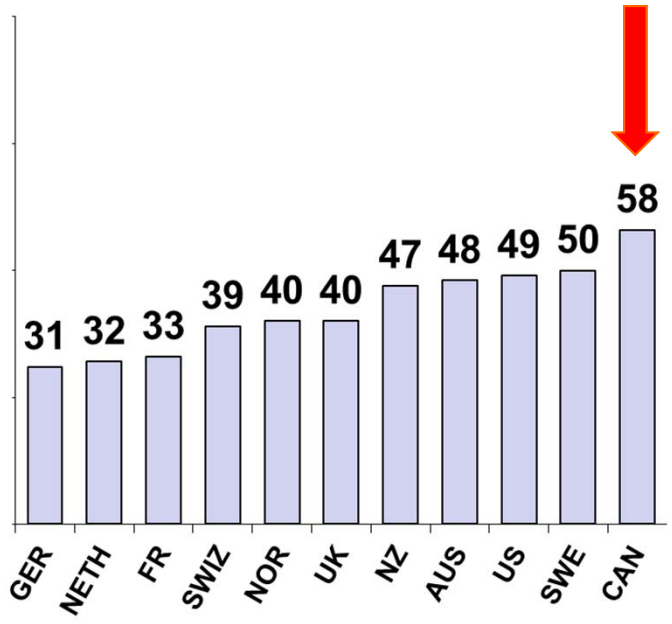
Symptoms: After-Hours Care and Emergency Room Use

Difficulty Getting After-Hours Care Without Going to the ER

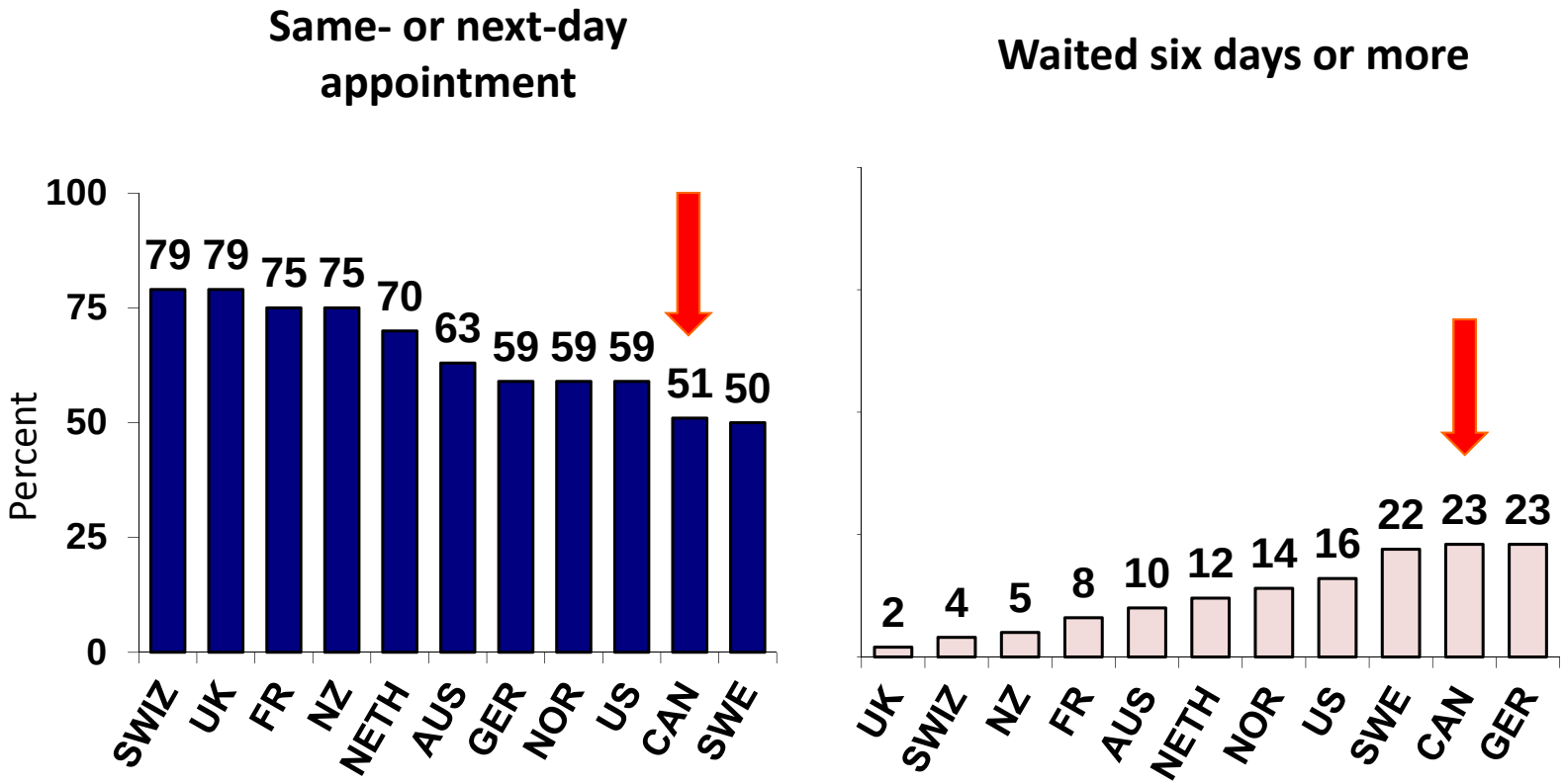


Used ER in Past Two Years



Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.

Symptoms: Access to Doctor or Nurse when Sick or Needed Care



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