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**CONFERENCE ABSTRACT****Canadian Policy Context – Driving the Design of an Integrated People-Centred Health Systems Standard**

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***Introduction***

Despite national and international policy commitment to implement integrated health systems, there is an absence of standards that support evidence-based design, implementation, and evaluation. Much of the work to date has focused on frameworks that some stakeholders perceived as theoretical or too high-level. Health Standard Organization's (HSO) Integrated People-Centred Health Systems (IPCHS) standard has been developed to help bridge this gap. This session will profile the Canadian policy context, population health needs and partnership that influenced the design and early uptake of this standard.

***Policy Context and Targeted Population***

Canada's health and social care system is a federated model with ten provincial and three territorial systems that cover 38 million people [1], including 6.6 million seniors [2]. In 2018, health spending in Canada was 10.7% of GDP compared to 8.8% in 36 OECD countries [3]. Early forecasting on COVID-19 health spending suggests that increased costs could vary from 0.3 to 10% of GDP, depending on response measures [4].

Canada's population health outcomes lag those of eight OECD countries, who spend less and achieve higher life expectancy at birth. The country continues to have many underserved populations and ranked worst among 11 OECD countries for adults with lower incomes who access after-hours care [5].

It comes as no surprise that the integration of health and social services is a national and jurisdictional priority. Integration exists in almost all strategic direction documents from governments, health authorities, and healthcare organizations. This has been further reflected in the government-endorsed Canadian Quality and Patient Safety Framework, which highlights integrated care as one of five goals for quality, safe care [6].

***Innovation Highlights and Transferability***

System-level policies and programs have been implemented nationally, as well as in British Columbia, Saskatchewan, Ontario, Quebec and Nova Scotia. The IPCHS standard is for use by global health and social service ministries, administrators, and authorities, as well as system provider organizations and networks. Complementing existing frameworks, the standard is divided into 10 design principles that address different aspects of health and social service integration with criteria and guidance for policy makers and health system partners [7].

The IPCHS standard was co-designed with a technical committee that included policy makers, health system decision-makers, Indigenous leaders, providers, patients, caregivers, and academics. Additional feedback was received from a diverse audience during two public review periods. Both review periods included targeted consultation with Canadian policy makers and system leaders to ensure their policy and program priorities were identified and addressed.

For integration to work, governance models must account for the complex and evolving needs of health and care systems. Governance models must break down barriers and facilitate co-operation over competition [8]. This standard, as well as supplementary tools currently in development, will facilitate implementation and monitoring of progress and outcomes.

### ***Conclusion***

Implementing integration strategies requires cultivating a culture of continuous improvement and learning. The IPCHS standard provides clear accountability for both policy makers and system partners and offers guidance that can be adapted to local context and level of integrated system maturity.