
CONFERENCE ABSTRACT

Implementing Large-Scale, Whole-System Integration – Learnings in Alberta

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Introduction

Having a single health system within a large jurisdiction such as a Canadian province offers advantages of administrative and procurement efficiency, equity, clinical consistency, and the ability to effectively interact with entities which exist at the same geopolitical level. However, large scale integration is exponentially more challenging given the need to take advantage of centralization while still adapting to local circumstances and addressing local needs. Integrated care requires integration internally and externally with many sectors.

Aims Objectives Theory or Methods

The objective of this work is to share considerations when organizing integration within a large health system.

Highlights or Results or Key Findings

We adapted an approach of “Do locally what makes sense to do locally, and centrally what makes sense to do centrally”. This involved a concurrent top-down, bottom-up approach allowing people feel a sense of ownership. Secondly, identification of partnerships necessary for integration was important but learning how to interact with these partners was challenging given their numbers/diversity. Critical partnerships included provincial government departments, the volunteer sector, primary care, businesses, municipalities and community organizations. To address the challenge, local health administration interacted with local entities and central administration interacted with government departments, province-wide organizations and with “organizations of organizations”. Finally, establishing a coordinating mechanism/body is critical. Logically, a jurisdiction-wide entity is best suited for this. This could be a government department or the formal health system. This was our practice, using the logic of “If we don’t do it, nobody else will”

Conclusions

We have learned that neither a fully centralized, nor a totally decentralized model facilitates integration. Rather, a system which optimizes central and local relationships seems to work best.

Implications for applicability/transferability sustainability and limitations

Every country or health care system is unique. Our learnings have been based on experience but each system needs to find a comfortable equilibrium which allows for the relationships to exist which support optimal integration.