
CONFERENCE ABSTRACT

Integrated Care: The Centrepiece of Tomorrow's Healthcare System

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Introduction

Across Canada, access to healthcare is an ongoing challenge. Pressures within our system – aging population, chronic illness, hallway medicine, climbing demand – have been heightened by COVID-19. The pandemic has further focused our attention on addressing these challenges and more. Through team-based, integrated approaches to care, we can create more sustainable paths to help all patients and communities access support, when and where they need it. Effectively moving care into the community will ensure a stronger future for the health of populations, aligned with “the quadruple aim”: better outcomes, better patient satisfaction, improved provider experience and better cost effectiveness.

Aims Objectives Theory or Methods

An Adaptable, Integrated Approach

Integrated care enables choice. It allows patients to have a voice and actively participate in their care decisions. It also allows a variety of practitioners to further leverage their skillsets to bring care directly to patients in their homes and communities; ultimately increasing capacity in our health systems.

Leaders in our sector helped establish these types of adaptive strategies well before the pandemic. Today, these strategies are being pressure-tested, while helping to fill gaps, enhance our ability to deliver healthcare outside the hospital and bring together dynamic partnerships focused on the health and wellbeing of patients.

Highlights or Results or Key Findings

What it Looks Like in Practice

Through mobile integrated health (MIH), a highly relevant adaptive strategy, community care teams, including paramedics, nurses, and other clinicians (in their homes and through other channels such as telehealth and virtual visits), are working to ease emergency department visits, reduce hospital admissions, and expand long-term care options for vulnerable and underserved populations.

In Chatham-Kent, Ontario, there is a proven MIH model, leveraging the skills and mobility of paramedics in the community to provide direct patient care and consultation beyond hospital walls – providing ongoing monitoring of changing or escalating conditions, performing testing procedures and blood analysis, and treating for minor ailments. Evaluations show an 84% reduction in 911 calls and 51% reduction in emergency department visits for targeted populations.

Additional funding is helping expand the community paramedicine program to support patients on long-term care wait lists and other clinically complex patients, locally.

Conclusions

Today's Change, Tomorrow's Future

During COVID-19, paramedics have been mobilized across Canada to conduct swab testing (at LTCs and mobile drive-thru clinics) and are engaged in vaccine roll-out and administration, working with local health system partners.

Paramedics too are providing surge capacity response within remote communities in northern Canada.

Implications for applicability/transferability sustainability and limitations

At the Core

Our collective pandemic experiences have reaffirmed what we've known. We must prioritize integration and delivery of healthcare outside the hospital, both in rural and urban settings. We must continue to adapt to ever-changing environments and form new alliances. Otherwise needed change will come to a standstill.