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**CONFERENCE ABSTRACT****The Winding Road from Plan to Action: A Qualitative Study Exploring Operationalization of Person-Centeredness and Engagement in an Integrated Patient Care Context**

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

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***Introduction***

Implementing person-centered initiatives is still a major challenge in most healthcare systems, particularly when the target population are persons living with complex health and social care needs and when those initiatives span many providers and settings. While person-centered care increasingly informs the provision of care, healthcare structures and practices continue to be aligned with a disease-centered siloed model. They often ignoring the significant value and knowledge persons living with complex need and their family caregivers may bring into the conversation when allowed to be engaged better in planning, delivering, and evaluating their care.

***Aims Objectives Theory or Methods***

This study investigated an Ontario-wide initiative (Health Links) that aimed to provide person-centered coordinated care (integrated patient care) to persons living with complex health and social care needs. We examined how implementation plans were operationalized during the first two years of implementation. Two data sources were used; Health Links' implementation documents were utilized to understand the implementation plan for person-centeredness and engagement, and interviews with leaders and providers were used to understand the extent to which these plans were operationalized. Qualitative content analysis was the analytic approach used to analyze 75 documents and 60 interviews.

***Highlights or Results or Key Findings***

The implementation documents were clear on the "what" of person-centered coordinated care; they acknowledged person-centeredness as a cornerstone to Health Links and underscored the value of engaging patients and caregivers. This vision was similarly supported by interview participants. However, the "how" was rarely described in the documents, which left conceptualization of these concepts and consequently operationalization open to interpretation. This was reflected in the data as participants had different views on what person-centeredness was and how to engage patients. The implementation plans did not include guidance on factors

facilitating implementation or on anticipated obstacles. Documents did not reflect that providers and patient/caregivers were involved in creating these implementation plans. This resulted in participants highlighting several challenges regarding operationalizing person-centeredness and engagement, including lack of readiness and training for patients and providers, difficulty for patients and caregivers to attend committees, paucity of incentives and overall need for implementation support.

### ***Conclusions***

Results highlighted important factors to consider when planning new models of person-centered coordinated care delivery including. These factors include stakeholders' engagement in creation of implementation plans, pre-implementation efforts including awareness, training and change management as well as identifying the challenges that might occur and developing mitigation strategies to tackle them.

### ***Implications for applicability/transferability sustainability and limitations***

The challenges identified in this study on moving from planning to implementation can inform other's efforts in designing and implementing new interventions.