
CONFERENCE ABSTRACT

Key Learnings from a Decade of Advancing Integrated Care in Ontario – The Centre for Integrated Care

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

Sophie Hogeveen¹, Carrie Anne Beltzner, Carolyn Gosse, Andrew Costa, Chi-Ling Joanna Sinn, Lindsay Klea

1: McMaster University, Canada

Introduction

The Centre for Integrated Care (CIC), situated within St. Joseph's Health System in Ontario, is an innovation centre committed to research, education and evaluation to support advancement of integrated care across Canada. The CIC supports internal and external organizations across the province to inform the design and implementation of innovative integrated care programs. Learnings from this work began in 2010 and have informed the development of a maturity model for integrated care. As a practical hands-on resource for organizations of any size, at any point in their journey, the maturity model helps self-assess and determine next steps towards maturity.

Aims Objectives Theory or Methods

This presentation aims to introduce the CIC, our recently developed integrated care maturity model, and share key learnings from a decade long journey of working with different stakeholders to advance integrated care. We will highlight how these lessons were applied in the context of the pandemic in the design and implementation of the COVID Care @ Home (CC@H) program, led by St. Joseph's Home Care.

Highlights or Results or Key Findings

Based on our extensive experience, we have developed a maturity model for integrated care. As a practical hands-on resource for organizations, we provide an engaging way to self-assess and determine next steps towards maturity. Key learnings will be shared from innovations in integrated care for surgical patient populations, chronic patient populations and for population health, with a particular focus on application to the development of the CC@H program.

CC@H is a new model of care co-designed with patients, families, and three local Ontario Health Teams (OHTs) that linked up providers and connected COVID patients at home and in the community with 24/7 access to one integrated team. This program integrated with existing regional resources to support hospital partners, manage acute care capacity and primary care in Niagara, Hamilton, and Kitchener and Waterloo.

Conclusions

The lessons learned through the CIC's work with various stakeholders to advance integrated care may be applied by other organizations as they were applied in the design and implementation of the CC@H program, as led by St. Joseph's Home Care.

Implications for applicability/transferability sustainability and limitations

Organizations of any size, at any point in their implementation journey will benefit from the lessons that have been learned and shared by the CIC through our work with diverse partners at different stages themselves, including OHTs, regional health authorities, large hospital systems, and smaller local hospitals.