Facilitating continuity of care at a health system level to support integration

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Introduction: Continuity of care – relational, informational and management – is a defining characteristic of integrated care. With input from all stakeholders, we developed and implemented a data-supported, system-wide change management strategy in support of continuity.

Policy context and objective: The province of Alberta, Canada has a single publically funded healthcare system. While the health system is largely structurally integrated, primary care is provided in a joint partnership between the health system and networks of primary care physicians and their teams. Specialists are independent and paid on a fee-for-service basis. People are free to choose and move between primary care providers. The purpose of this initiative was to facilitate continuity of care, in all its forms, across the broad health care system.

Approach and Stakeholders: This initiative was started by collection and analysis of provincial data. This demonstrated the critical role of relational continuity in improving patient and population health. Analysis demonstrated that relational continuity of 75% or more reduced mortality, after adjustment, by approximately 50%. In addition, there was an incremental benefit of continuity with increasing patient complexity. These findings, plus literature data, were used, in accordance with change management principles, to create a compelling case for change. Importantly, patient input was also used to support change. Data was shared with our formal patient advisory councils representing both geography and specific patient groups such as seniors. Results of these meetings revealed 88% “strong support” for continuity. Patient experience and public focus group input was also used to create the next stage of the change management strategy.

Highlights: After all input, including that from providers and community organizations was collected, leaders in the health system met and agreed on a collective strategy. The health system agreed to establish informational and management continuity (transitions) as a priority. In addition, the system encouraged and made changes to facilitate relational continuity. Between the health system and government, a multi-billion dollar investment was made into a province-wide clinical information system to support informational continuity. All organizations collaborated on public messaging and support for relational continuity.

This province-wide process is well underway with all parties agreeing to set a target of 80% relational continuity within 1 year. In addition, the medical association is publishing what we believe to be the first formal clinical practice guideline on continuity in the world. Initial efforts are already demonstrating an impact on hospital admissions, length of stays, ER visit rates, and reductions in in-hospital waits for long-term care (to date 25% reduction).
Transferability: Because this initiative was done collaboratively, rather than by compulsion, and with a formal, strategic change management strategy, this initiative, or components thereof, could be applied in various health care systems.

Conclusions: The collaborative efforts of many players, with strong public input, has had an impact on integration and health system outcomes. Equally important, the process and its successes have created a positive culture across the healthcare landscape. Patient and public input was a critical factor in the change management strategy.

Keywords: continuity; transitions; policy