Innovation. Inspiration. Integration: Co-designing for Health and Wellbeing with Individuals and Communities
October 8th, 2019
8:00am – 9:00am
Meet Today’s Speakers

Jodeme Goldhar
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Executive Lead-Strategy & Innovation
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Moderator

Toni Dedeu
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Interim CEO and Director
International Foundation for Integrated Care (IFIC)
Panelist

Eileen Dahl
Patient Partner
Panelist

Walter Wodchis
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Institute of Health, Policy, Management and Evaluation (IHPME) and Health System Performance Research Network (HSPRN)
Panelist
Welcome

Setting the Context

Jodene Goldhar
Introduction to IFIC Canada
Co-creating as we move forward

IFIC Canada, the North American Centre for Integrated Care aims to create a platform to improve the capacity of individuals and organizations in advancing integrated care.

Convened:
- Global Tour of Integrated Care and What it Means for Us- May 2019
- The Importance of Co-Design- July 2019
- The Critical Role of Primary Care- September 2019

Coming Soon:
- Digital Health and Technology in Integrated Care- November 2019

IFIC International inaugural conference in North America

Collection of local and international case examples

IFIC Canada

Case Study Network
Call for Case Studies

Coming Soon: 2019-2020
- Case Study Network
- Call for Case Studies

Coming Soon: October 2020
The Conference
Innovation.Inspiration.Integration
Co-designing for health and wellbeing with individuals and communities
Global Movement of Integrated Care

Toni Dedeu
A movement for change

Background

IFIC
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IFIC

A movement for change

Breakfast with the Chiefs| Toronto 8 October 2019
Introduction – ‘The Hypothesis’

The **hypothesis** for integrated care is that it can contribute to meeting the “**Quadruple Aim**” goal in health and care systems:

- **Improving the user’s care experience** (e.g. satisfaction, confidence, trust)
- **Improving the health of people and populations** (e.g. morbidity, mortality, quality of life, reduced hospitalisations)
- **Improving the cost-effectiveness** of care systems (e.g. functional and technical efficiency)
- **Improving work-life balance** of health and care providers
Today, our health and care systems are fragmented, disease-centred, difficult to navigate and do not consider the whole person. As a result, too many people experience poor quality care, often in the wrong settings with undesirable outcomes.

Our Vision is that people, families and communities benefit from person-centred integrated care and support to maximise their health, wellbeing and independence.
Mission

As the leading international voice in integrated care we inspire, influence and facilitate the adoption of integrated care in policy and practice around the world.

How does IFIC seek to achieve its vision?
Through leading the movement for change and in the development and exchange of knowledge.

Among who?
Among academics, researchers, managers, health and care professionals, users, carers, policy and decision makers throughout the world.
Portfolio

- International Journal of Integrated Care (www.ijic.org)
- International Conferences and Event series
- Research and Development Faculty, (currently in supporting multi-partner programmes in Europe)
- Education and Training through the Integrated Care Academy ©
- Integrated Care Solutions © providing technical advice and support to integrated care programmes worldwide
- IFIC Hubs and Collaborative Centres
- Knowledge Exchange – Webinars, Special Interest Groups, Virtual Communities, ERIC, Integrated Care Search © and Observatory

A movement for change
Breakfast with the Chiefs | Toronto 8 October 2019
The Building Blocks of Integrated Care

1. Creating an enabling political environment for Health and Social Care integration
2. Competences for Health and Social Care. Workforce changing/swift
3. Integration between Health and Social care: bridging the divide, building common values. Building social capital and collaborative capacity
4. Supporting people's empowerment and engagement in health and care
5. Financial incentives to stimulate integrated care
6. Effective ICT systems
The Building Blocks of Integrated Care

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1. Creating an enabling political environment for Health and Social Care integration

Integrated Care in all policies approach

Adapted from WHO-HQ Global Strategy on people-centred and integrated health services 2015
1. Creating an enabling political environment for Health and Social Care integration

- There are many different examples of policies and innovation on integrated care around Europe
- The political agendas focus on:
  - Financial reform
  - Cost containment
  - Legislative change
  - Structural reorganizations
  - Personalised care
  - New funding streams
  - Pilot programmes

National Strategies - Examples
- Denmark, Norway: Coordination Reform
- Sweden: Joint agencies link funding and delivery (e.g. Jönköping & Nortallje)
- England: Five Year Forward View (Vanguards)
- Germany: Versorgungsstrukturgesetz (care structure law) supports interdisciplinary and cross-sector models of care
- Netherlands: Managed care organizations and bundled payments for certain diseases
- Health and social care integration in Northern Ireland, Scotland and Wales
- Spain: vertically and horizontally integrated care organizations to support better chronic care (e.g. Basque Country, Catalonia, Valencia)
- Switzerland: physician networks / HMOs
1. Creating an enabling political environment for Health and Social Care integration

Guiding principle:

“. . . effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience”

The Christie Commission Report
Commission on the future delivery of public services, June 2011
1. Creating an enabling political environment for Health and Social Care integration

**National Policy Drivers**

- Public Service Reform
- Public Bodies (Joint Working) (Scotland) Act 2014
- Reshaping Care for Older People programme
- Telehealth and Telecare Delivery Plan for Scotland 2015
- The Community Empowerment Bill
- 8 Innovation Centres
  - Digital Health and Care
  - Stratified Medicine
  - Big Data
  - Sensors
  - Construction
  - Aquaculture
  - Bio-Technology
  - Oil & Gas
1. Creating an enabling political environment for Health and Social Care integration

What has helped integration?

- Cross party support
- NHS support
- Local authority support
- Having an agreed vision about what we are trying to achieve
- Clear governance
- Single budget
- Clear outcomes
- Bespoke strategies at each Scottish territory
1. Creating an enabling political environment for Health and Social Care integration
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The Building Blocks of Integrated Care
Competencies for integrated care are…

“…essential complex knowledge-based acts that….

• combine and mobilize
  – Knowledge
  – Skills
  – and attitudes

• with the existing and available resources to ensure safe and quality outcomes for patients and populations.

• Competencies require a certain level of social and emotional intelligence that are as much flexible as they are habitual and judicious.”
The Building Blocks of Integrated Care

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3. Integration between Health and Social care: bridging the divide, building common values.

Integrated Care is a People-Driven Community-Based Movement

2014
Millom Alliance was founded in a rural community of 8500 people in response to closure of community hospital and crisis in GP recruitment

2018
Whole of Cumbria & Morecambe Bay (750k people) supported through 20 community-based alliances – were the fastest transforming integrated care system in the UK enabling 8-10% on year financial savings & turnaround in population health outcomes

“Working as equal partners with the community resulted in improvements for healthcare locally highlighting the importance of co-creation”
3. Facilitating continuity of care at a health system level to support integration

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4. “Empowering people”: we need involved individuals and communities

Hours with professional / NHS = 3 in a year

Need for people engagement
Need for patient empowerment

Secondary care
- Hospital
- Inpatient ward
- Outpatient clinic
- Day surgery
- Treatment center

Tertiary care
- Specialist unit
- Inpatient ward
- Outpatient clinic
- Rehabilitation service
- Palliative care service
- Longterm care service

Informal care
Self care

Patients are the true primary health care providers

Self-care 80%
Professional care 20%

Need for people engagement
Need for patient empowerment

Hours of self care = 8757 in a year

A movement for change
Breakfast with the Chiefs| Toronto 8 October 2019
Adapted from Goodwin 2008 and 2014
Community Engagement
Nuka Health System, Alaska

Mission:
Working together with the Native Community to achieve wellness through integration of health and other services

Vision:
A Native Community that enjoys physical, mental, emotional and spiritual wellbeing

Key approach:
Shared responsibility, commitment to quality, family wellness

“Consumer-owners”
The Building Blocks of Integrated Care

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5. **Financial incentives to stimulate integrated care**
6. Effective ICT systems
5. Financial incentives to stimulate integrated care

The Netherlands: Managed care organizations and bundled payments for certain diseases

**Dutch Bundles**
Insurers pay a bundled payment to a principal contracting entity — the care group — to cover a full range of diabetes-care services for a fixed period of 365 days.

BP = Bundled Payment
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Concluding Remarks

Care systems that have effectively created

- a population health-based approach
- with the integration of multiple health and social care providers
- into new forms of collective governance arrangements
- and risk-sharing frameworks with and alongside local communities

appear to have the greatest potential for transformational change to improve
- care experiences
- care outcomes
- and promote system sustainability
The development of such systems is, to-date, rare.

They are faced with continual and significant challenges, require committed and sustained leadership, and take considerable time to develop and mature.

There are few short cuts or ‘magic bullets’ as the journey itself builds alliances and supports the right models of care to emerge in different country and regional contexts.
Dr Toni Dedeu
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www.integratedcarefoundation.org
Co-Designing The Answers
Eileen Dahl
Co-designing for health and wellbeing

Eileen Dahl, Patient Partner  
MDiv, CT,  
Certified Spiritual Care Practitioner  

October 08, 2019
Switching Chairs

Family / Loved One
Professional
Patient / Client
Unique and distinct roles, knowledge and functions.

Integrated Teamwork.
What would happen if patients and families with lived experience were **full collaborative partners** in every phase of the development of research, policy, clinical care, resources and patient education?

How might this shift
- the patient, family and clinician’s experience,
- access to treatment plan,
- utilization of shared resources,
- satisfaction levels?
What is co-design?

(My definition)

An intention to create a collaborative healthcare system with our shared resources, for ALL of us, intentionally bringing all sources of expertise, wisdom and knowledge to the table, as early as possible, for continued learning, design and planning.
I am a resource.
How do we do Co-design?

• Seek out the right people, with the right interests, experiences and skill sets for various roles

• Ensure multiple means of access and flexible contribution:
  
  • one-one consultations, in person committees, audio, video or written contribution.

  • focus groups, short term projects, standing committees or long term initiatives.
How do we do Co-design?

• Invest time to build relationships, language and a healthcare knowledge base to bring patient partners up to speed,

• Partner them with an in house “buddy”, a “go-to” link to someone in your organization and who is on their team/committee

• Avoid tokenism.

• For bigger initiatives, recruit multiple patient partners

• Seek out appropriate channels of contribution and collaboration
Co-design is NOT

• Having all the kinks worked out and the plan mostly formed before including patients and families at the table for affirmation and a rubber stamp of approval.

• Assuming that the most important thing a patient partner brings to the table is their story - we have a wealth of skills, experience and wisdom to share. Utilize all of it.

• Hiding behind our professional “armour” and denying our shared humanity. Bring all of your life experience and wisdom to the table too. Be you.
Getting Started?

• Talk to people, hear their stories, ask them what they have learned or been surprised by through an experience as a patient or caregiver

• Tell your stories too, share your humanity

• Ensure your organization has a staff person focussed on connecting with, supporting and developing patient and family partnerships

• Educate your team on the roles and potential contributions of patient partners

• Acknowledge and work through potential fears and challenges

• Prepare both patients and staff to work together on a variety of initiatives

• Ensure there are multiple means of barrier free contribution for patient partners
"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errrs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat."

- Theodore Roosevelt
What this means for Ontario

Walter Wodchis
DISCUSSION