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Introduction to

# Case Studies on Integration

Judith Dyck

The work of integration is happening throughout the national and international health system. Some is system-wide, while other integration work is tackling issues at a local or community level. Regardless of scale or scope, the work is breaking new ground and, sometimes subtly, sometimes radically, changing the way health services are organized.

The following section contains a series of case studies that describe work being done in Alberta to integrate health service delivery, improve access and quality and maximize the use of scarce resources. The case studies represent a range of initiatives, from those with a local focus – medication reconciliation within one community that ties together community, hospital and primary care; anticoagulation therapy delivered in new ways in northern Alberta; a primary care network in southern Alberta – to others that are addressing integration at more of a system level. These include case studies on different approaches to chronic disease management and their relative strengths; new approaches to improving access and service in cardiac care; the integration of Health Link Alberta across the province and work done to establish the governance structures and relationships that were key to its success; and the work it takes to develop a standardized process to ensure equal access for all, regardless of where people live.

Some of these projects were launched at the beginning of the decade; others are more recent. They are by no means an exhaustive view of integration within the province: there are other projects and new initiatives emerging. But these case studies provide insight into what it takes to make integration occur and some of the challenges along the way. Much of integration had its beginnings in the process of regionalization undertaken in Alberta in the mid-1990s, when the province organized its services under geographic regions as well as two provincial authorities – the Alberta Cancer Board and the Alberta Mental Health Board. Regions were challenged to bring together services in new ways under one management structure. The regions were reorganized from the original 17 regions to nine. Along the way, delivery of mental health services was integrated into regional operations and then, in May 2008, the province decided to merge the regions and the two provincial boards into a single entity, Alberta Health Services.

The process of merging organizations and accountabilities is further encouraging integration within the province. This is a process under way in other provinces – whether through local integrated health networks (LIHNs) in Ontario, regions in the rest of the Western provinces and in Atlantic Canada, or the system of agencies in Quebec (Agence de la santé et des services sociaux). We have much to learn from each other. **HQ**