

From org charts to staffing models, community-care outreach programs to surgical unit redesigns and a host of other initiatives, health system leaders and health-care providers are deeply immersed in formulating plans and setting them in motion. In this issue of *Healthcare Quarterly*, planning and implementation are firmly in the driver's seat.

### Special Focus on International Models of integration

We begin with the first article in a three-part series addressing international perspectives on health service delivery models aimed at system integration, seamless services and improved coordination. Cathy Fooks and her co-authors (2018) lead with a statement that will get many heads nodding in agreement: "It is generally acknowledged that the system needs to be more integrated, with seamless services and better coordination all around." But how?

In late 2017, Ontario's Change Foundation (along with University of Toronto partners) convened three experts from the United Kingdom to share their perspectives and advice. In this instalment, Fooks et al. summarize the views of Chris Ham, chief executive of the King's Fund think tank in London. In Ham's account, it's the collaborative "links" that are crucial: across organizations and systems and, even more importantly, among front-line staff as well as between them and their patients. Germane to such collaboration is "altruism," which, Ham reasons, means thinking beyond one's organization to the system as a whole. One of the more interesting points in Ham's discussion of the British experience is that all successful integrated care models "are created locally to respond to local conditions." Other success factors are relatively small size, flexibility and a willingness to "try new ideas, fail fast, learn, make changes and move on." Acknowledging that "business details" (e.g., IT systems, budgets) can impede integration, one of Ham's key takeaways is the recommendation to focus on "integrating services, not organizations."

### Engaging Stakeholders

"Nothing is more important to the success of integration than the support and commitment of the staff involved." This contention, attributed to Ham by Fooks et al., serves as a valuable touchstone for our next two articles. In the first one, Kate Bak and her colleagues (2018) address the evaluation of the experience-based co-design (EBCD) approach to improving the experience of cancer patients in Ontario by bringing together the views of patients, family members, caregivers and staff on specific "redesign" projects (e.g.,

improving radiation scheduling). Participants reported finding EBCD effective for direct care, organizational design and policy decisions (although the authors admit to several limitations in the scope of their evaluation, including a low response rate). Comparing their results in Ontario to those in other jurisdictions, researchers noted the strong connection between "availability of dedicated resources" (e.g., time, human resources, funding) and "success." Bak et al.'s findings certainly make for interesting consumption alongside the results of the Canadian Institute for Health Information survey included in this issue, which looks at how Canada compares to 10 other countries in terms of engaging seniors in the management of their chronic conditions (spoiler alert: Canada scores quite high).

Meanwhile, down the street from Cancer Care Ontario at the Holland Bloorview Kids Rehabilitation Hospital (HBKRH), staff pulled together a Family Leader Accreditation Group (FLAG). These 17 volunteers – family and youth leaders – collaborated with hospital leaders and staff to prepare it for Accreditation Canada's on-site visit. Indeed, Sonia M.C. Pagura and her colleagues (2018) observe that the HBKRH appears to be "the first hospital in Canada to embed a cohort of clients and families fully in all accreditation teams." Beyond contributing strongly to the hospital's accreditation success, FLAG members grew their understanding of the goals of accreditation and of HBKRH's safety and quality priorities. In addition, the group "successfully co-designed, led or provided input to 47 unique quality and safety improvement initiatives."

### Innovation in Service Delivery

Turning back to Chris Ham for a moment: in his presentation to the Change Foundation, Ham cited the successful development in London of a "hub-and-spoke design" approach to stroke care, whereby eight hospitals were designated "hyper-acute stroke centres." Our next article also concerns the creation of a successful hub-and-spoke model – in this case, for interprofessional care for children with medical complexity (CMC) in rural and northern communities.

Based in Timmins, Ontario, the model positions a nurse practitioner at the heart of the operation. With an expanded scope of practice, this person is a family's "primary point of contact," coordinates services in the tertiary hospital and partners with local providers in the community complex care clinic. As Nathalie Major and her colleagues (2018) note, the "greatest impact" of this innovation "was that it enabled families of CMC to receive timely, appropriate and high-quality care closer to home." Readers interested in possibly replicating this model will be especially interested in the five "critical elements of success" participants identified.

### Tools for Planning

This issue of our journal concludes with an explicit return to the dynamics of planning. Examining the use of segmentation (most familiar from marketing circles), Malvina Klag and H el ene Ouellette-Kuntz (2018) outline the efficacy of this approach for estimating the size and needs of population subgroups affected by autism spectrum disorder (ASD) and intellectual disability (ID) in Quebec. A method that the authors label as “complementary” to obtaining prevalence data, segmentation addresses “levels of support need and age groups.” This attentiveness to groups’ “heterogeneity” of support needs and “overlap across diagnostic categories and age groups” offers, the authors contend, timely, cost-effective information to support the work of care planners and system policy makers.

– The Editors

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