

Community Health Ontario Integration Repository

A Tool for Healthy Community Collaborations



Areas of Focus

Agenda	Facilitator
Introduction	David Kelly, CEO Addictions & Mental Health Ontario
Integration Resources Website Demonstration	Scott Mitchell, Director, Knowledge Transfer CMHA, Ontario
Hot Topics	Leah Stephenson, Manager of Member Services Association of Ontario Health Centres
Invitation to Contribute	Leah Stephenson
Opportunities for Improvement	David Kelly & Scott Mitchell
Next Steps	David Kelly

Who is Community Health Ontario (CHO)?

CHO is a strategic partnership between:

- ▶ Addictions and Mental Health Ontario (AMHO),
- ▶ Association of Ontario Health Centres (AOHC) and
- ▶ Ontario Community Support Association (OCSA).

Together we represent the majority of not-for-profit home, community support, mental health, addictions and community-governed primary health care providers in Ontario. CHO envisions strong community-based services that address the social determinants of health as the key to a healthy society and are integrated and coordinated with the full continuum of care.

www.communityhealthontario.org

We are pleased to have the Canadian Mental Health Association, Ontario as part of this project.

Healthy Community Collaborations

Healthy Community Collaborations (HCC) is a CHO project funded by the Trillium Foundation.

Its aim is to support the community health sectors in their integration initiatives among themselves and with the broader health and social systems, in keeping with community health values such as:

- ▶ person-centred care
- ▶ community-driven, bottom-up process
- ▶ inter-professional collaboration
- ▶ strong relationships among sectors and across sectors
- ▶ overarching concern with the social determinants of health



Many Roads to Effective Integration

- Develop solutions based on needs of people to be served
- Draw on wide variety of types of integration recognized by the LHINs:
 - Coordination/Cooperation
 - Joint Initiatives
 - Behind the Scenes
 - Clinical/Service Integration
 - Mergers/Amalgamations

Common Goals of Integration Needs

All sources have the following **common goals** for integration:

- ▶ Address population needs
- ▶ Equity, including people with complex conditions
- ▶ Improved health outcomes and quality of life
- ▶ High quality care
- ▶ Client continuity and satisfaction
- ▶ Best use of available resources; maximizing system efficiencies

Community health and academic sources add these **common goals**:

- ▶ Promoting healthy living
- ▶ Improving peoples' access
- ▶ Providing timely access

Why the Integration Repository was developed?

- ▶ To delve into the often misunderstood perceptions of integration
- ▶ To provide support for personal and organizational challenges related to integration
- ▶ To offer insight into case studies and examples of *What Worked & Lessons Learned*
- ▶ To provide products and tools for:
 - ✓ Assessing Readiness
 - ✓ Implementation
 - ✓ Checklists
- ▶ To ease the process and improve the outcomes of a variety of integration types for community-based organizations

Integration Resources Website Demonstration

Scott Mitchell will now be showing us a demonstration of:

www.integrationresources.ca

Some Hot Topics: Merger Initiatives

- ▶ Some LHINs and some health care sectors are very focused on structural integration , i.e. mergers and amalgamations.
- ▶ What does the evidence show related to this type of integration?
- ▶ Here are some examples from a resource on IntegrationResources.ca

Some Hot Topics: Merger Initiatives

Getting to Integration: Command and Control or Emergent Process

Steve Lurie, The Innovation Journal, 2009

<http://www.integrationresources.ca/resources/getting-integration-command-control-emergent-process/>

Abstract:

For more than 20 years there has been much discussion in health and mental health care circles about how to achieve improved organizational and service integration, on the assumption that changes in structure may improve clinical outcomes. This paper reviews some of the public and private sector literature about mergers and alliances and offers observations on the extent to which collaboration is an emergent process that is responsive to its particular environment and explores power dynamics and how trust and flexibility affect outcomes in a positive or negative sense.

Some Hot Topics: Merger Initiatives

A 2000 study by Arista Associates revealed that of 467 multi-hospital systems in the U.S., 34% of the merged systems had experienced losses (up from 21% in 1999) and 41% were considering or had recently experienced the “disintegration” of the system. (Zimmerman and Dooley 2001)

Private sector mergers have an 80% failure rate. “Merger alternatives” – joint ventures, strategic alliances, franchising and licensing agreements, “multiply your potential universe of resources by leveraging those of all your partners.” Also, “benefits from such partnerships are often derived much faster, cheaper, easier, more profitably, and without the debilitating conflict and turmoil when compared to a typical merger or acquisition.” (Grubb and Lamb 2000)

Some Hot Topics: Merger Initiatives

Susan Cartwright and Cary Cooper have identified cultural compatibility as critical to successful organizational marriages. They find that most mergers focus on financial and strategic fit issues and tend to ignore or overlook the people issues....They note that culture incompatibility is widely reported as a cause of merger failure and that culture collisions resulting from poor integration have a significant effect on the performance of the acquired organization (Cartwright and Cooper, 1993: 3).

Cartwright and Cooper suggest paying attention to the Japanese experience and considering mergers as "a strategy of last resort, when all other alternatives are considered inappropriate" (Cartwright and Cooper, 1993: 12).

Some Hot Topics: Health Links

<http://www.integrationresources.ca/resources/health-links/>

- ▶ Announced in December 2012
- ▶ Health Links aim to “encourage greater collaboration between existing local health care providers, including family care providers, specialists, hospitals, long-term care, home care and other community supports.”
- ▶ Initial focus on top 1-5% of high users (mainly of emergency rooms or ALC beds)
- ▶ Currently 37 Health Links announced across the province with many more in the readiness assessment stage

Some Hot Topics: Health Links

- ▶ Diverse 'lead' agencies, including hospitals, FHTs, CCACs, CHCs, one CSS
- ▶ Common 'core features'
 - ▶ Person-Centred (high use population of top 1-5%)
 - ▶ Local Focus (minimum of 50,000 people – problematic for rural/remote)
 - ▶ Voluntary Partnerships (at a minimum hospital, CCAC, primary care, specialists)
 - ▶ Robust Primary Care Participation (65% or more of primary care providers)
 - ▶ Measurement and Results
 - ▶ Leadership
 - ▶ e-Health
- ▶ Step 1: Partners submit a Readiness Assessment Template
<http://www.integrationresources.ca/resources/health-link-readiness-assessment-template/>
- ▶ Step 2: Partners prepare a business plan for their Health Link
<http://www.integrationresources.ca/resources/health-links-business-planning-guide/>
<http://www.integrationresources.ca/resources/temiskaming-health-link-business-plan/>
- ▶ Provincial working group on care coordination plans – an opportunity to submit!

Some Hot Topics: Health Links

From a literature review by Steve Lurie of CMHA, Toronto:

While service coordination is viewed often as the key to continuity of care, coordination also has negative effects. Coordination may lead to the elimination of diversity of options for service delivery. In doing so the process may rob certain patients of the benefits offered by some organizations. Some patients may be marginalized or excluded through the standardization of services (Church, Saunders, Wanke and Pong, 1995: 48-51).

- ▶ Importance of **Health Equity Impact Assessment** as a tool for all Health Links
<http://www.integrationresources.ca/resources/health-equity-impact-assessment-tool/>
- ▶ Importance of understanding evidence of what works best for effective collaboration and cooperation. Many resources on this available on IntegrationResources.ca including documents like Steve Lurie's literature review.

Invitation to Contribute: Criteria for Inclusion of Materials

Materials must be:

- ▶ clearly relevant to the goals of the website and Community Health
- ▶ accurate
- ▶ authored by credible sources
- ▶ free of any offensive, libelous, or false information
- ▶ in general, authored within the last ten years, with the exception of earlier documents with continuing relevance
- ▶ copyright-cleared for inclusion on the website (This will be undertaken where not already the case.)
- ▶ 4MB at most

<http://www.integrationresources.ca/submit-a-resource/>

Discussion of Gaps & Areas of Improvement

- 1) What information do you need to find on this site for your work?
- 2) What kind of content expertise can you provide?
- 3) How can we encourage returning traffic to the site?
- 4) How can we keep the website timely?

Next Steps & Closing



Thank you!

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