Realizing the potential of integrated care. It takes all of us.

Ontario Community Paramedicine Secretariat Provincial Meeting
October 30, 2019

THE CHANGE FOUNDATION

@JodemeGoldhar
@TheChangeFdn
@NHSHorizons

Looking Out and Looking Up

NHS HORIZONS

IFIC International Foundation for Integrated Care

International Foundation for Integrated Care
IFIC Canada

THE CHANGE FOUNDATION

About The Change Foundation

Last ten years working directly with patients, caregivers and health and social care teams to improve their experiences

Everyone wants care to be better coordinated and integrated – question is how?

Co-design local solutions, support the change management initiatives identified, provide training, create learning communities

THE CHANGE FOUNDATION

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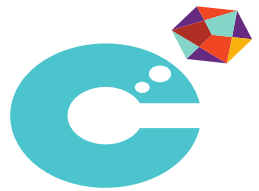
ENGAGE, EXPLORE, EVOLVE

Why
What
How



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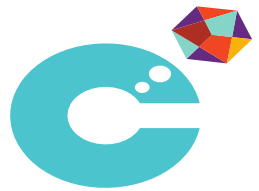
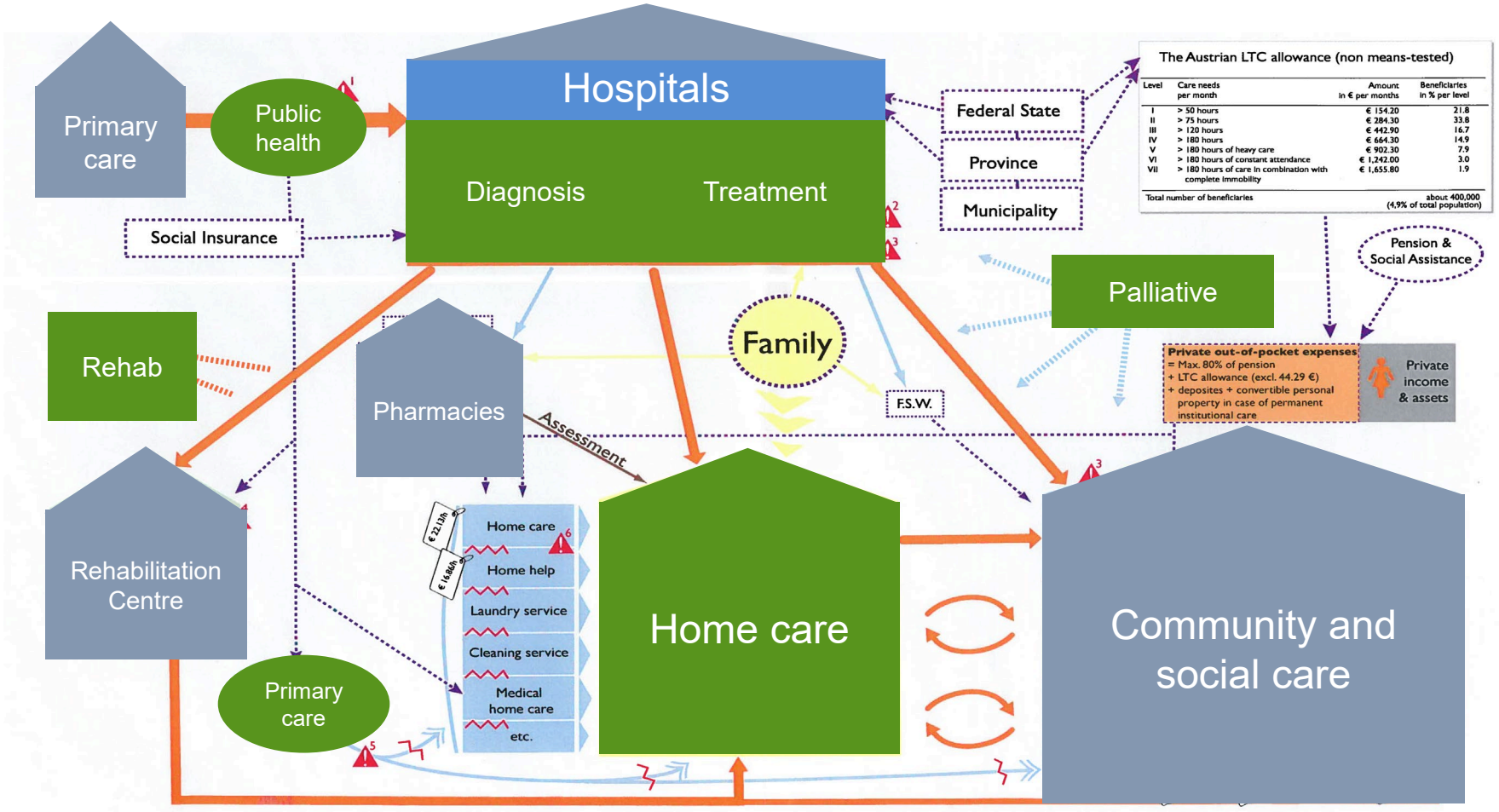
We Know the WHY



Fragmented and highly complex



Source: Pathways for long-term care provision in Austria, Interlinks, European Centre 2009

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We Know the WHAT

‘My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes”

National Voices, 2012

“The management and delivery of health services such that **people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services**, through the different levels and sites of care within the health system, and according to their needs throughout the life course”

Shaw et al, 2011, after Lloyd and Wait, 2005

“Patient care that is **coordinated across professionals, facilities, and support systems; continuous over time and between visits; tailored to the patients’ needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health**”

Singer, S. J. *et al.* Defining and Measuring Integrated Patient Care: Promoting the Next Frontier in Health Care Delivery. *Med. Care Res. Rev.* 68, 112–127 (2011)

"Ideal models of integrated CBPHC (ICBPHC) are **comprehensive, person-oriented, inclusive of carers and family, health promoting, strengths-based, and without a singular disease focus.**”

Wodchis WP, Ashton T, Baker GR, Sheridan N, Kuluski K, McKillop A, et al.. A Research Program on Implementing Integrated Care for Older Adults with Complex Health Needs (iCOACH): An International Collaboration. International Journal of Integrated Care. 2018;18(2):11. DOI: http://doi.org/10.5334/ijic.4160

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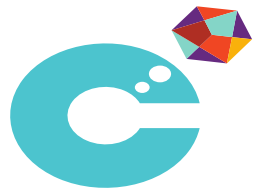
Sense Making the WHAT



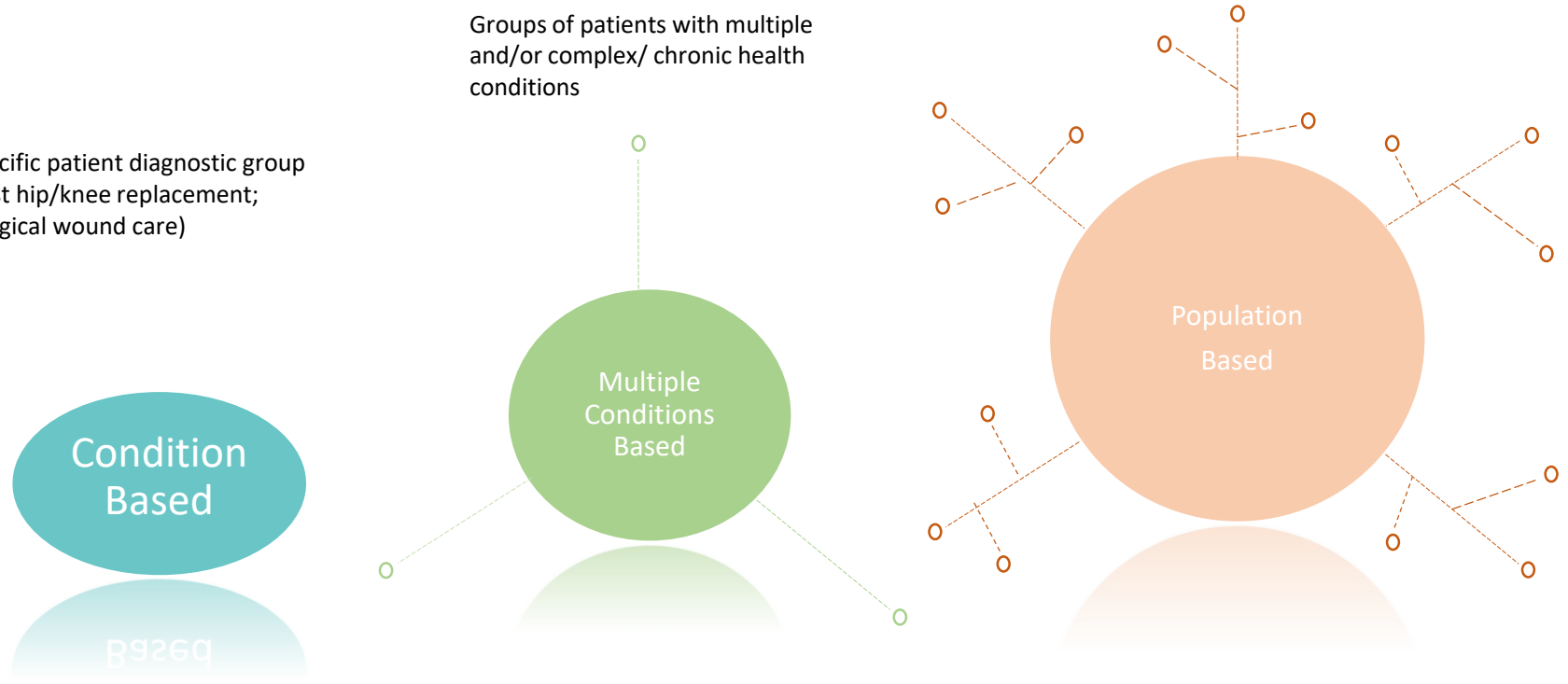
Integrated Health Systems

Condition based to population based focus

One specific patient diagnostic group (e.g. post hip/knee replacement; post-surgical wound care)

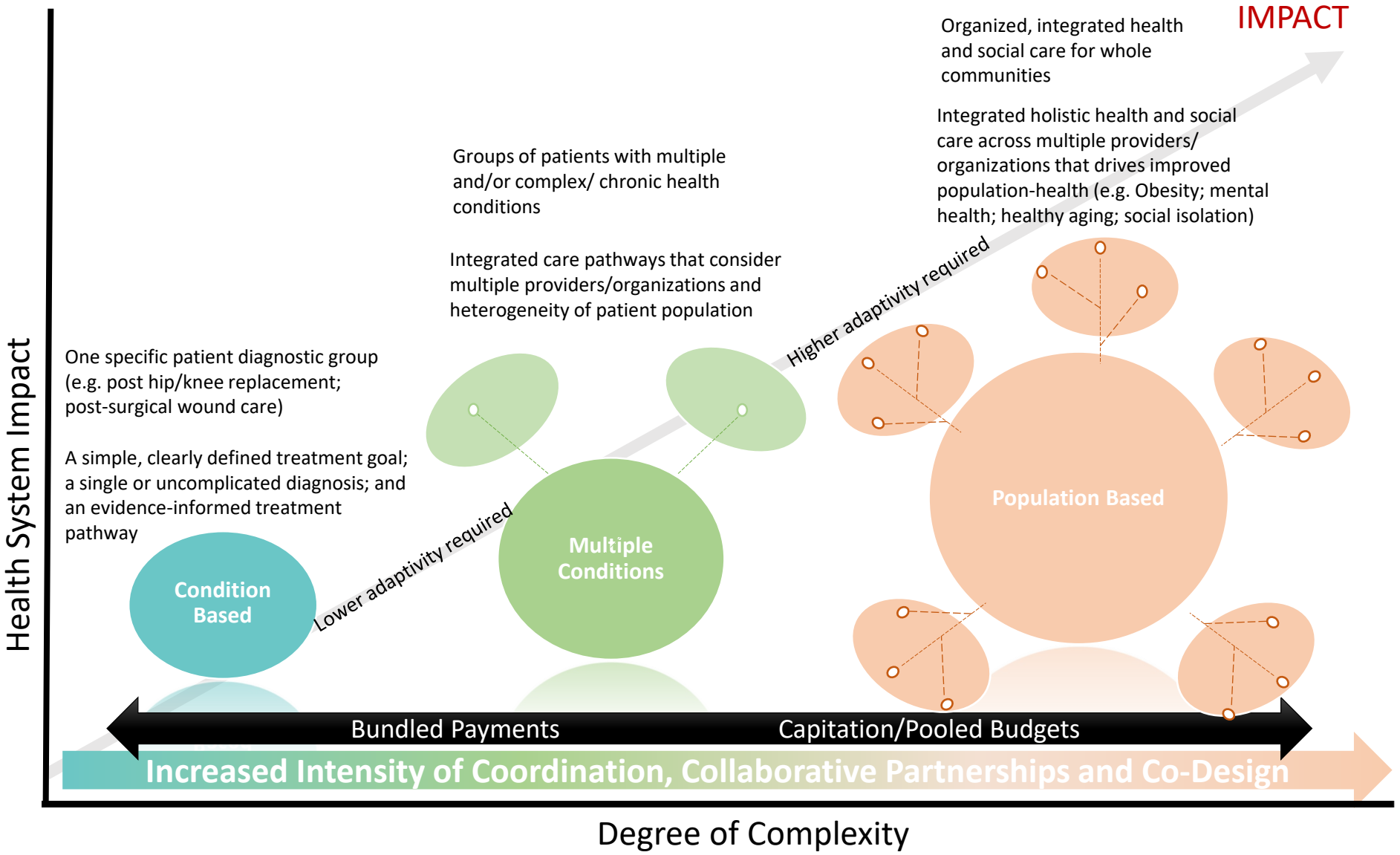
Groups of patients with multiple and/or complex/ chronic health conditions

Organized, integrated health and social care for whole communities



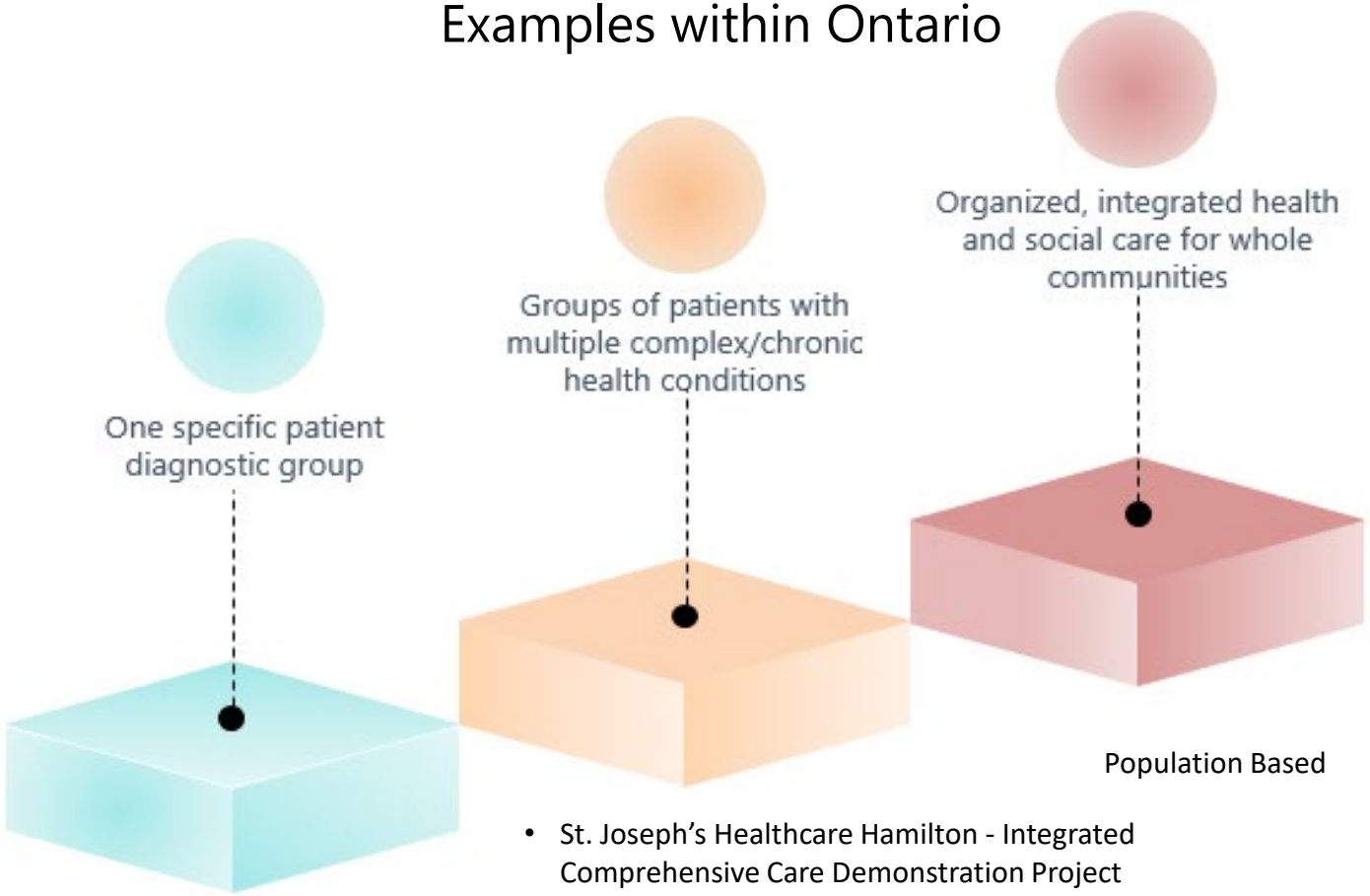
Integrated Health Systems

Transition from condition based to population based care



Integrated Health Systems

Examples within Ontario



Bundled Payments
(Integrated Funding Models)

- Hip and Knee

Population Based

- St. Joseph's Healthcare Hamilton - Integrated Comprehensive Care Demonstration Project
- Seamless Care Optimizing the Patient Experience (SCOPE)
- Toronto Central Home & Community Care – Integrated Care and Complex Populations (ICCP)

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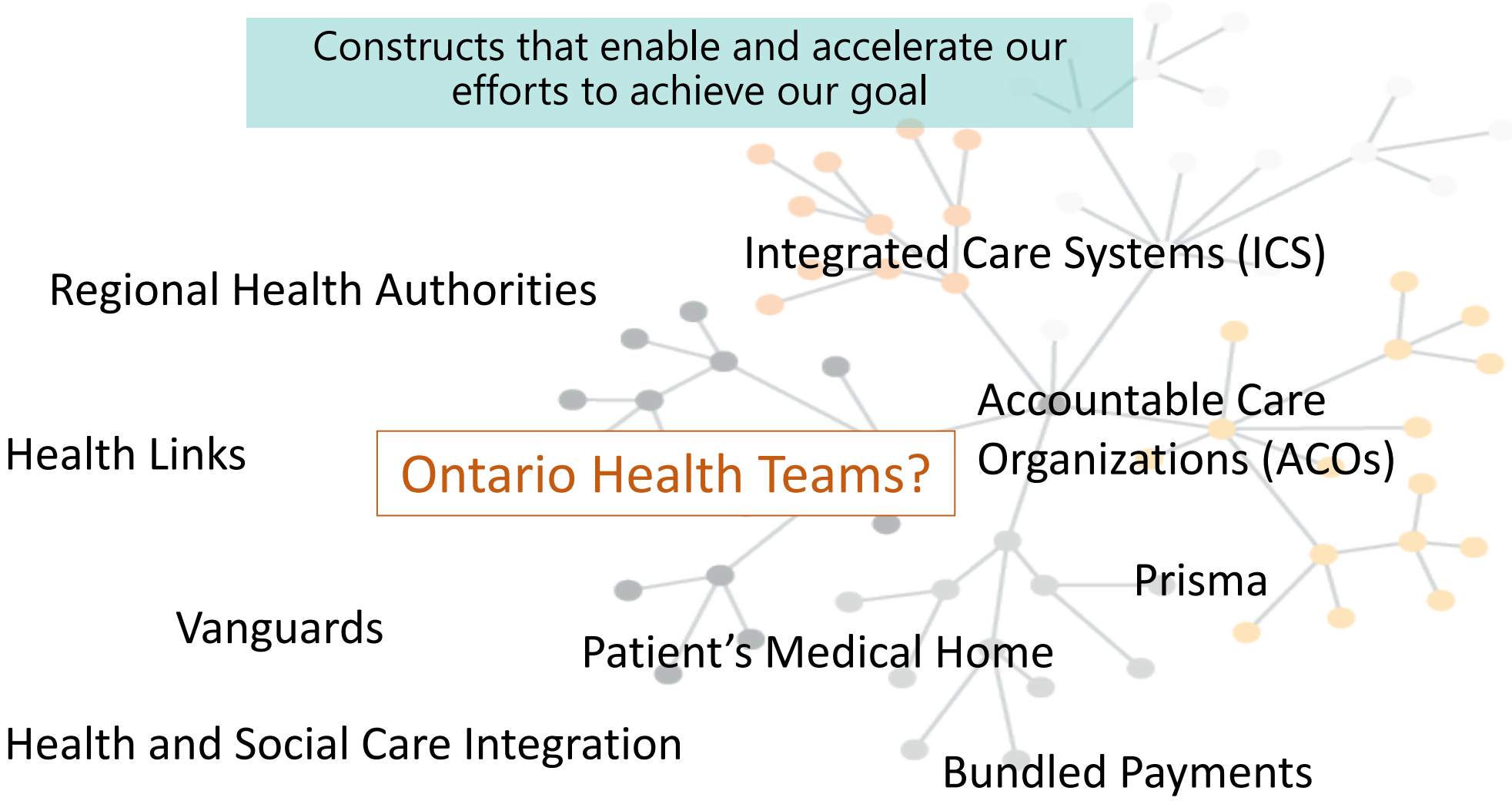
FOUNDAT
ENGAGE, EXPLORE,

Integrated care around the world

What's in a Name?

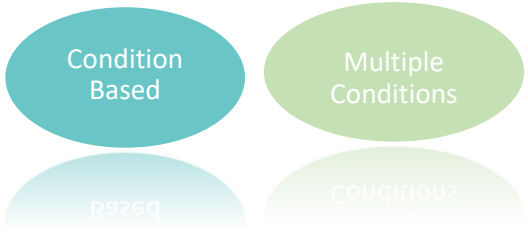
Constructs that enable and accelerate our efforts to achieve our goal



The National Health System (NHS) Experience

5 Years Ago (2014)

- Experimental ‘vanguard’ integrated care models:
  - Multispecialty Community Providers
  - Primary and Acute Care Systems
  - Enhanced health in care home
  - Urgent and emergency care
  - Acute care collaborations



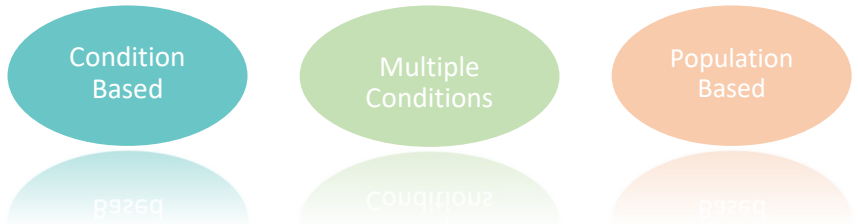
The NHS Experience

5 Years Later (2019)

- *"Focus on population health- moving to Integrated Care Systems everywhere by April 2021"*

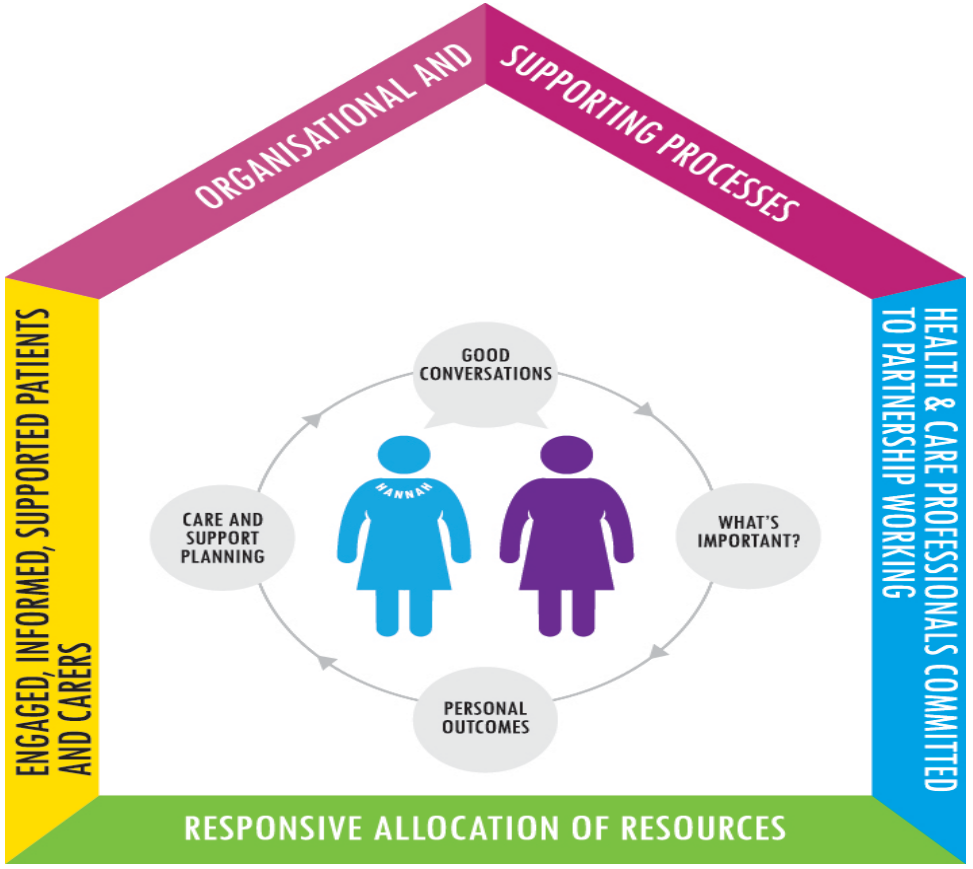
- The NHS will move to a new service model in which patients get more options, better support and properly joined-up care at the right time in the optimal care setting

- 'Triple integration' of primary care and specialist care, physical and mental health services, and health with social care.

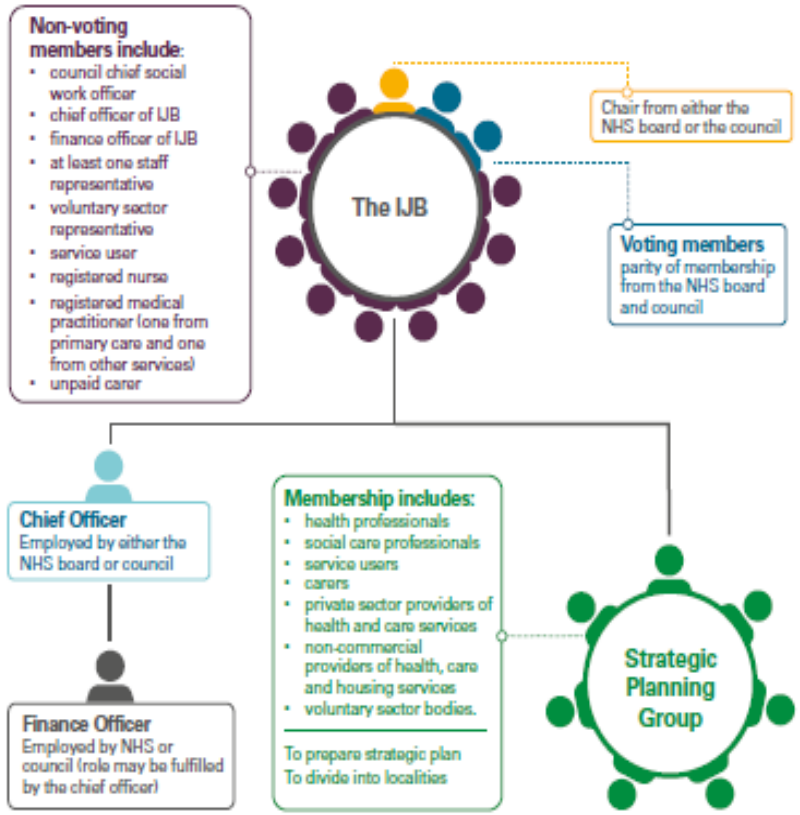


SCOTLAND
9 Health and Wellbeing Goals

House of Care



Integrated Joint Boards



Canterbury, New Zealand

Population Based

Changing cultures and strengthening competencies…**to integrated system, where people and systems talk to each other?**

The King's Fund — Ideas that change health care

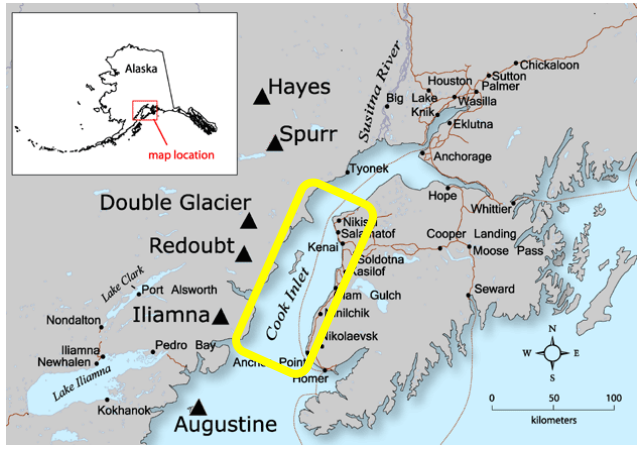
Canterbury District Health Board — Te Poari Hauora ō Waitaha

Southcentral Foundation

NUKA SYSTEM OF CARE
Alaska, United States

Population Based

Relationship-based,
customer-owned
approach to transforming health care,
improving outcomes and reducing costs.



40% drop in ER visits

36% drop in hospital stays

95% employee satisfaction

97% customer satisfaction

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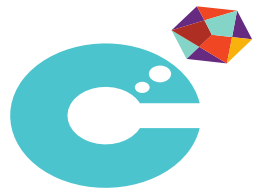
Lets Talk About The HOW



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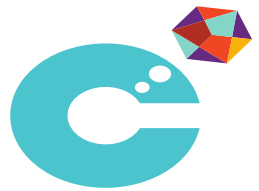
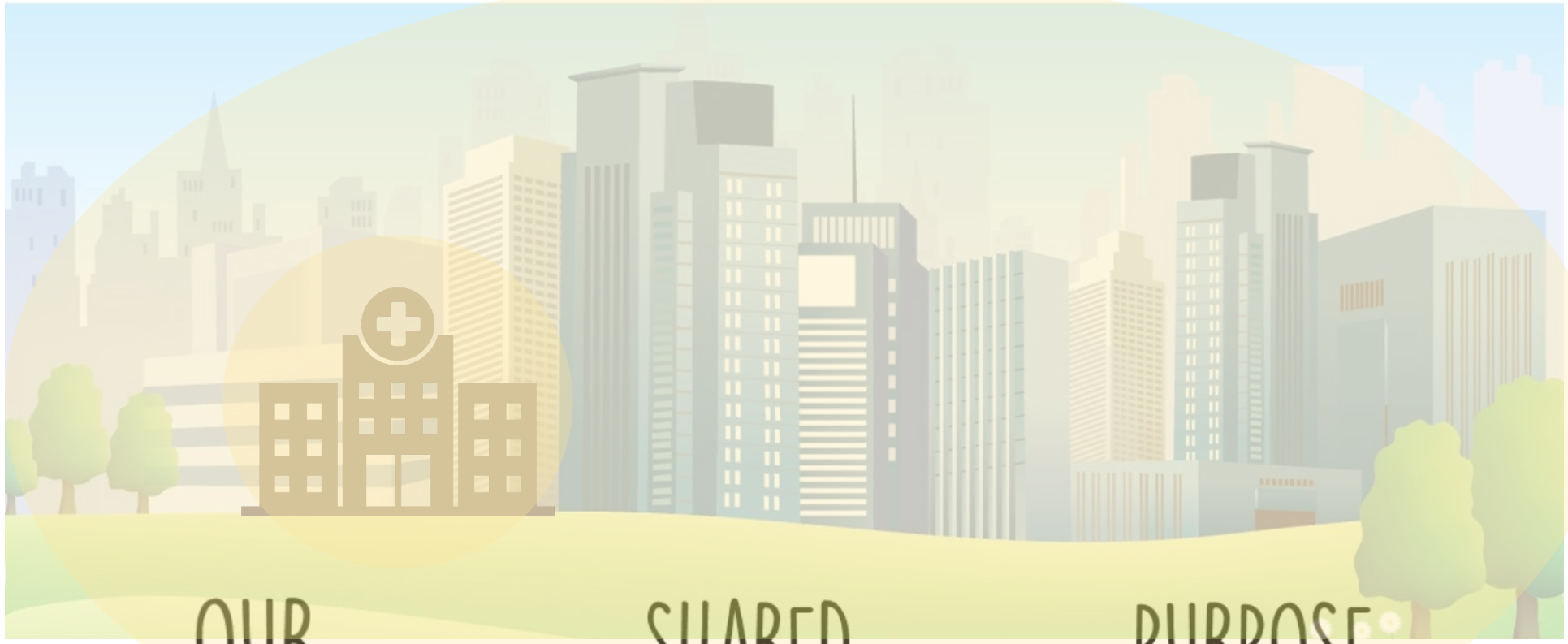
Seismic Shifts

Powered by:
@JodemeGoldhar @TheChangeFdn
@HelenBevan @HorizonsNHS



Mission to Shared Purpose



OUR

Who are the people who will be impacted by the change? Who will need to be part of the change?

SHARED

What unites us?

PURPOSE

Why are we taking action? How does it connect with the things that really matter to us?

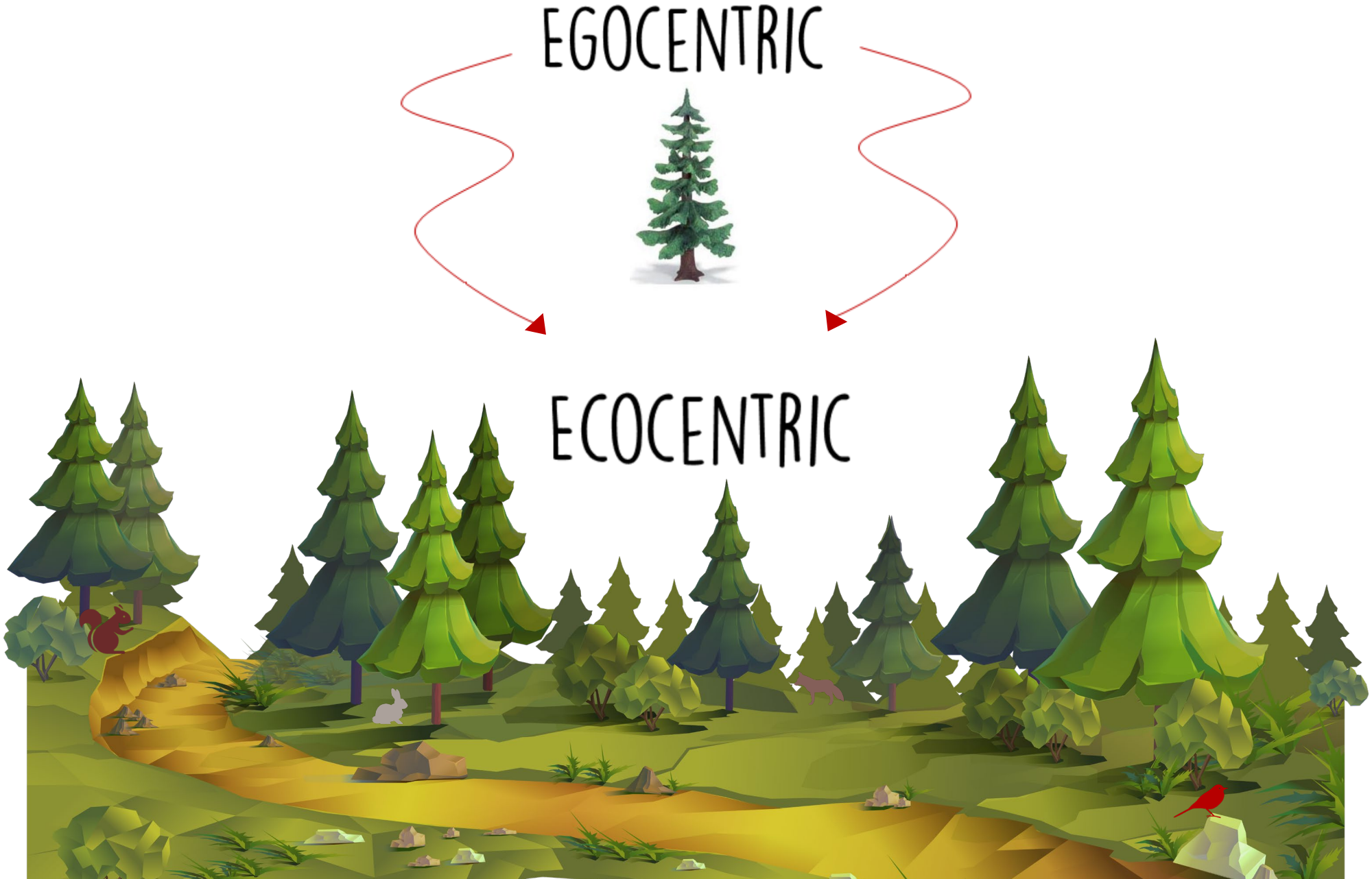
Slide courtesy of NHS Horizons

Organizational Impact to Collective Impact

Working individually to address issues

Working together to address
Complex system issues

Egocentric to Ecocentric



Shame and Blame to Strengths

'Seek to Understand'

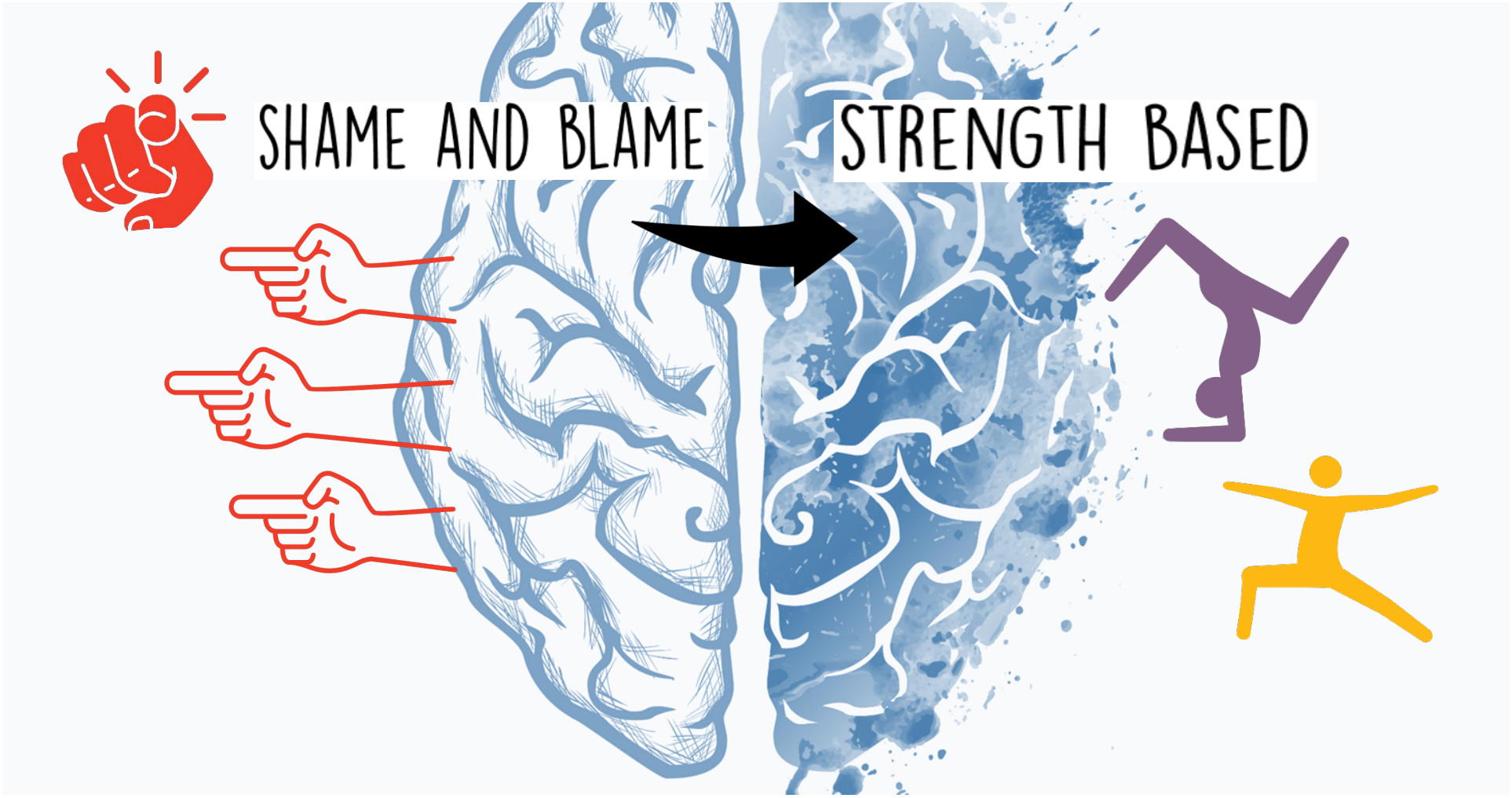
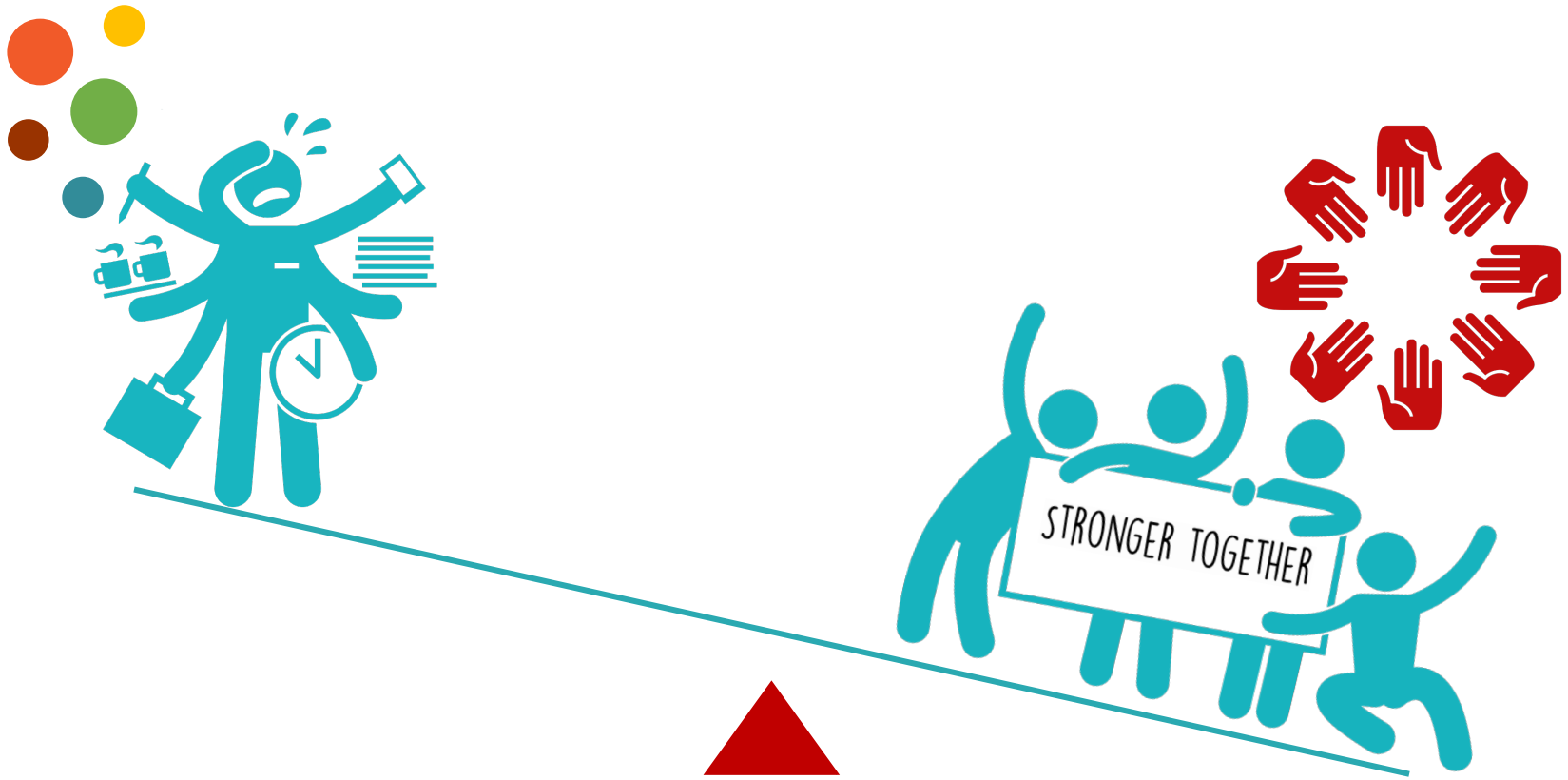
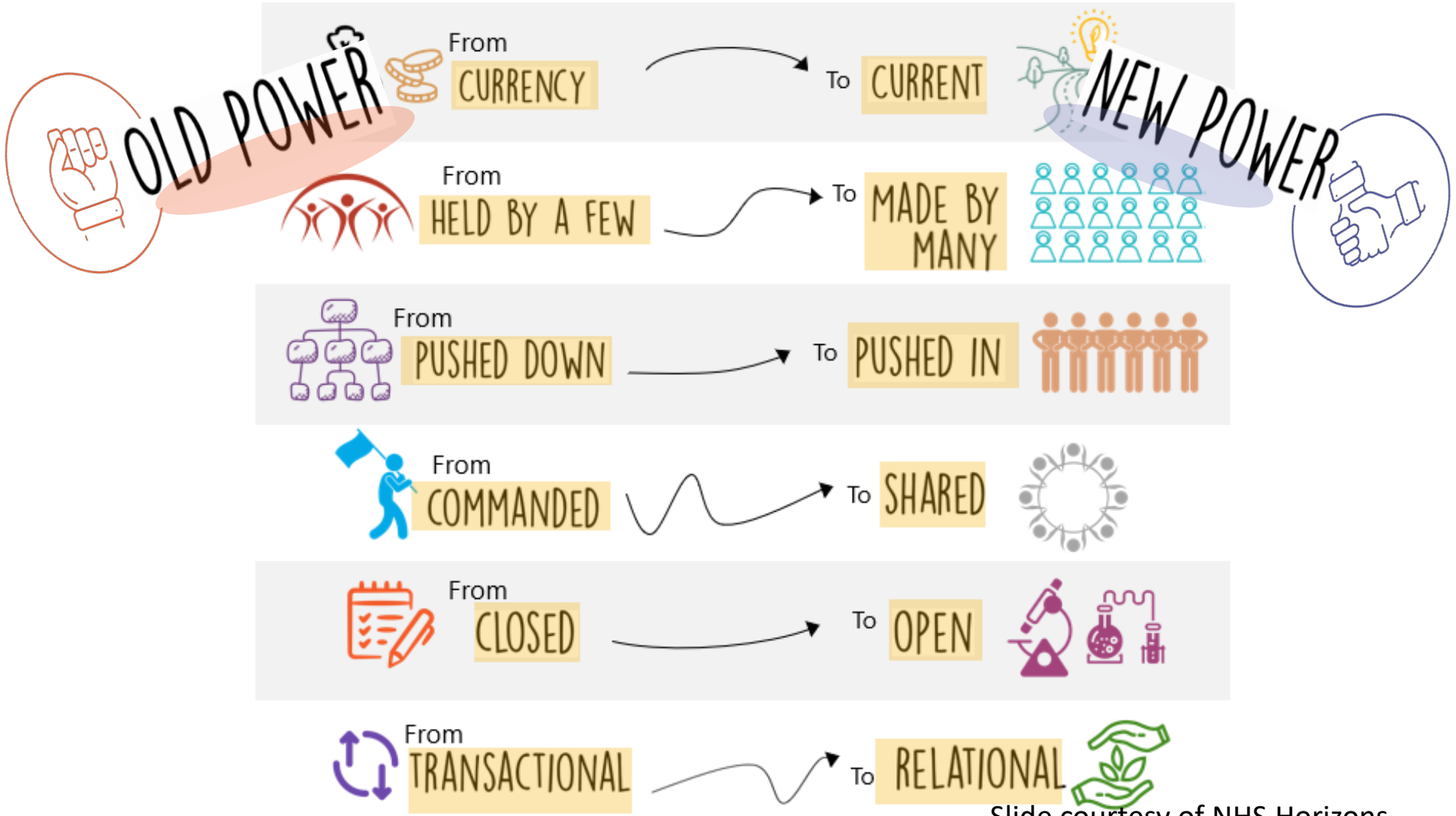


Image from: https://teacherbooker.com/three-things-most-people-dont-grasp-about-growth-mindset/

Scarcity to Abundance



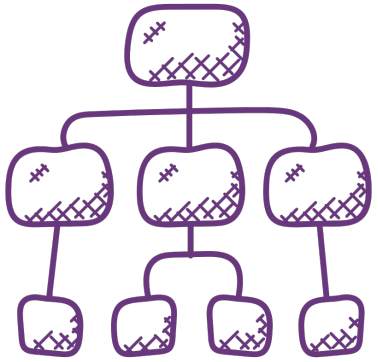
Shifting Powers From OLD to NEW



Slide courtesy of NHS Horizons
And @henrytimms @jeremyheimans

Formal Leaders to Super Connectors

Designed for
DIVISION

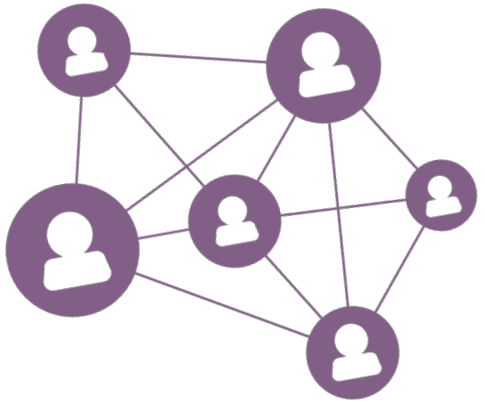


Senior Leaders

are less influential than we/they think…

Just **3%** of people in the organisation or system typically influence **85%** of the other people

Designed for
CONNECTIONS



FIND YOUR SUPER CONNECTORS!

Slide courtesy of NHS Horizons

Sharing Information to Co-Design

Era One: Sharing Information

Power differential between provider(s), patients and caregivers

Era Two: Engaging Patients and their Families

Shifting power differential between provider(s), patients and caregivers

Era Three: Co-Define and Co-Design

Power is shared between provider(s), patients and caregivers

Co-design

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 the table, as early as possible, for continued learning, design and planning.

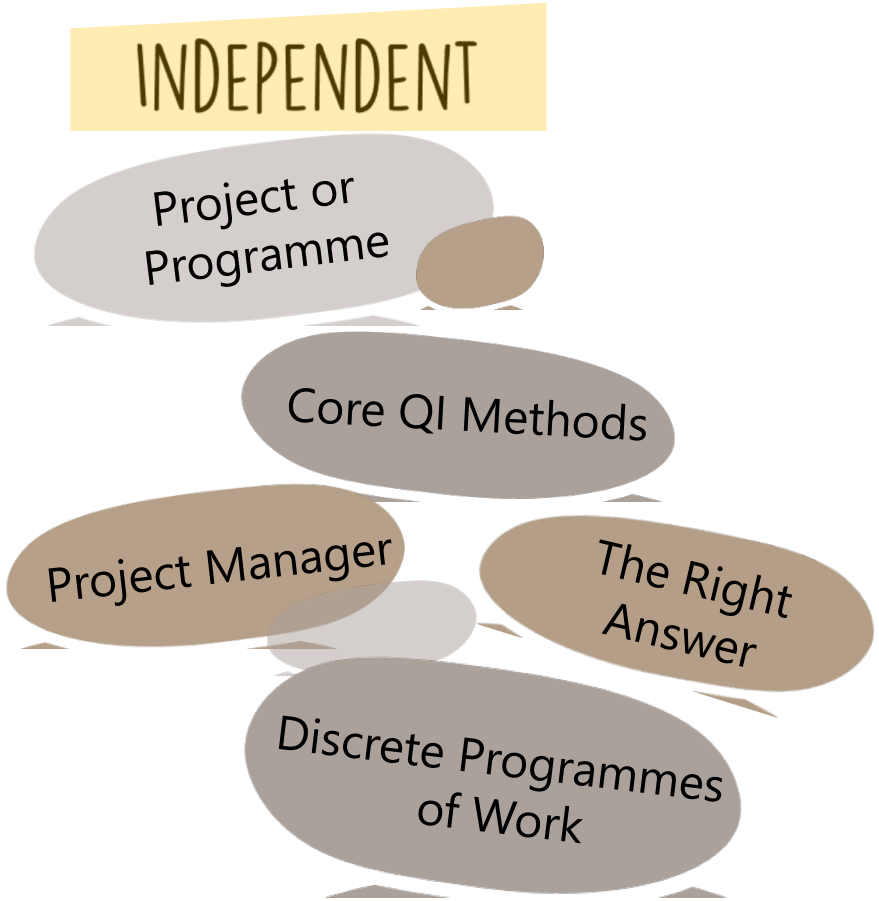
Eileen Dahl

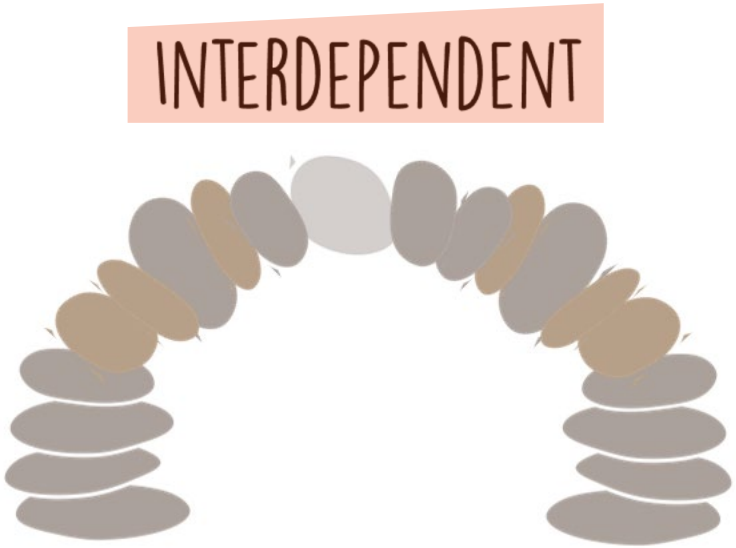
What Co-Design is Not

- It is not having a patient or a caregiver tell their story without it leading to change
- It is not bringing solutions to patients and families for their feedback
- It is not setting up a patient and family advisory committee for the sake of having it
- It is not professionalizing patients and families

Independent to Interdependent

Transition from disparate activities to coordinated functions & activities





System or Collaboration

Connected Change Methods

Multiple Right Answers

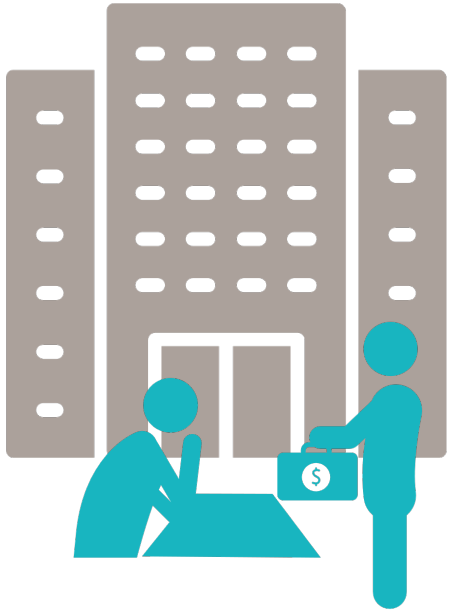
Collaborative Leader

Joined Approaches that Connect Multiple Initiatives

Transactional to Relational

Changing how we work together and partner with one another

TRANSACTIONAL



RELATIONAL

Face-to-Face to Virtual

FACE TO FACE

- One location “fits all”
- Physical limits on size
- Synchronous
- Conventional modes of engagement

VIRTUAL

- Anywhere and anytime
- Mass-participation potential
- Synchronous and Asynchronous
- Multiple channels for participation

Slide courtesy of NHS Horizons

Seismic Shifts

To realize the potential of integrated care

ORGANIZATIONAL MISSION	SHARED PURPOSE
ORGANIZATIONAL IMPACT	COLLECTIVE IMPACT
EGO-CENTRIC	ECO-CENTRIC
SHAME AND BLAME	STRENGTH BASED
SCARCITY	ABUNDANCE
OLD POWER	NEW POWER
FROM FORMAL LEADERS	FOCUS ON SUPER-CONNECTORS
SHARING INFORMATION	CO-DESIGN
INDEPENDENT	INTERDEPENDENT
TRANSACTIONAL	RELATIONAL
FACE TO FACE	VIRTUAL

Innovations

Every sector has a role to play in connecting up care.

Consider *how* we can do things in new power ways to bring about change.

Project A

Why It Started

A need for front line and executives to join together and collectively solve problems facing ambulance services in the NHS.

- High volumes of 911 calls
- Long wait times in A&E
- High Cost
- Poor satisfaction
- High absenteeism

A recognition that traditional approaches were not working and needed to change to new power approaches.

Project A
Why It Started

#ProjectA

Slide courtesy of NHS Horizons
More information about Project A: http://horizonsnhs.com/projecta/

Project A

Where It's Trying to Get To

Four or five ideas that can be implemented by ambulance trusts across the country over the next twelve months, supported by the Horizons team and the Association of Ambulance Chief Executives (AACE).

Slide courtesy of NHS Horizons
More information about Project A: http://horizonsnhs.com/projecta/

Project A

Approach

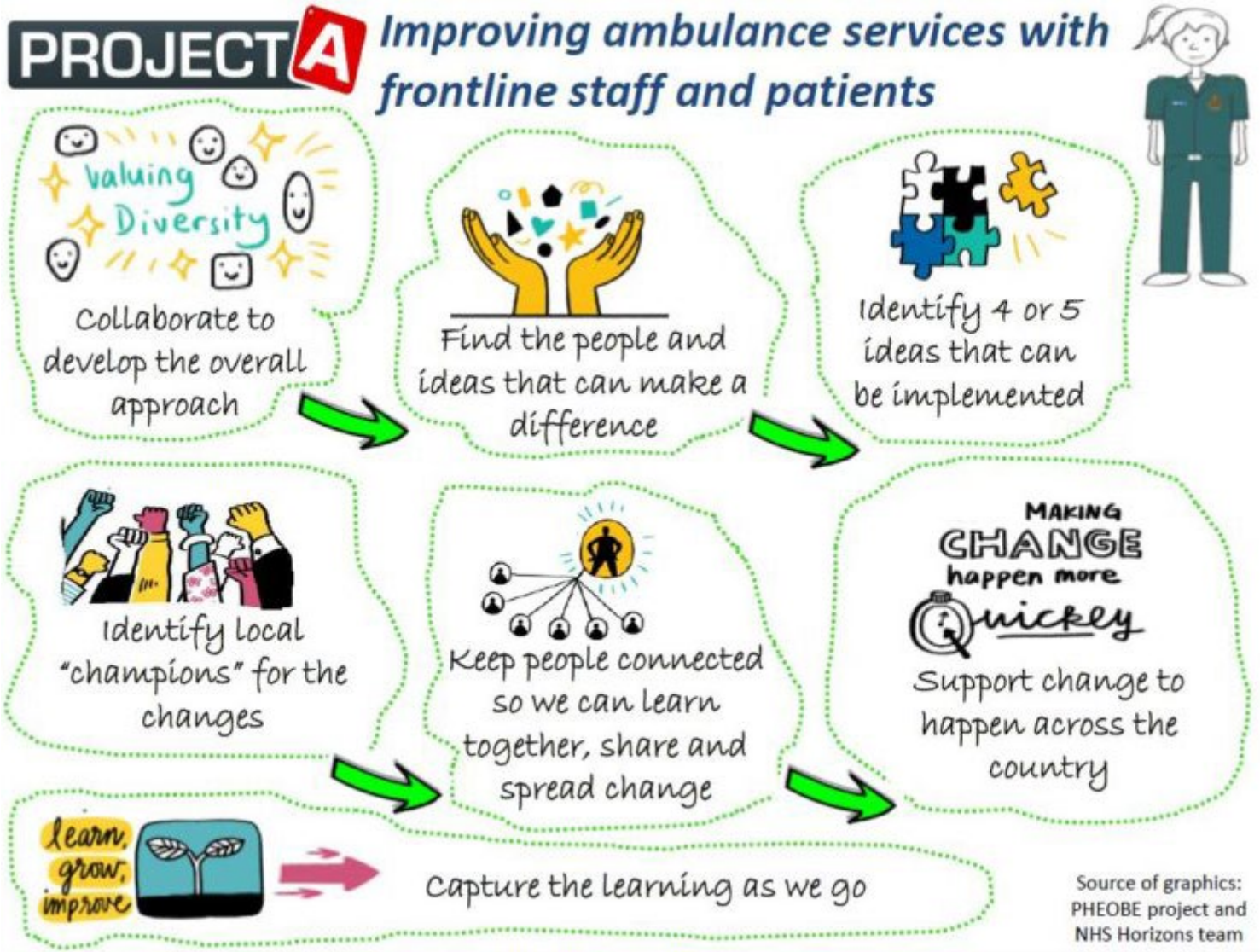


Image Source: https://aace.org.uk/national-programme/project-a/

Project A

Ideas that Emerged for Further Work and Progression

608 ideas were submitted by frontline ambulance staff and members of the public during summer 2018. The ideas were grouped in to themes, and during September staff collaborated to test and prototype 12 of the ideas during a two day 'innovation burst'.

These are the six ideas that emerged from the innovation burst for further work and progression:
Find out more: http://horizonsnhs.com/projecta/ on Twitter #ProjectA

Action on Falls

The aim is to develop and implement a falls response framework that will be relevant to every ambulance service and that will lead to better, more appropriate services for people who fall, less conveyance and/or help stop people from falling in the first place, or falling again.

Action on Mental Health and Emotional Distress

To create an actionable "knowledge bank" for use by frontline ambulance staff and share and test approaches to supporting people in mental health crisis and emotional distress.

Action on Partnership: People, Families and the Wider Community:

To co-produce a campaign that focusses on how to access and use services. It will be a two-way partnership, created in the spirit of community engagement, co-creation and activism, using multiple communication channels including social media.

Action on Staff Wellbeing:

Develop a virtual collaborative that looks to support ongoing work within the Human Resource Directors' Group (HRDs) and Strategic Partnership Forum (trust and union representatives) with a focus on implementing clinical supervision across all ambulance services.

A Directory of Ideas for Improvement:

Share the 70 ideas with the most potential for implementation from the #ProjectA ideas platform and create a series of challenges to help trusts introduce them.

Virtual Collaboration:

Build the capability of the ambulance workforce to collaborate virtually; reducing time away from work and abstraction; increasing opportunities for sharing, learning and speeding up change.

Image Source: https://aace.org.uk/national-programme/project-a/the-directory-of-good-ideas/

Project A

People Own What They Help Create

Bottom up

- Frontline engagement
- Co-creation
- Going where the energy is
- Flexible and emergent…….
- Virtual / Social media

And

Connecting the system to itself

- AACE – Chief Executives Support
- NHSE (Ambulance improvement programme)
- Other groups where we can (New QI Indicator)
- People with an interest and/or passion

Approach based on Myron's Maxims

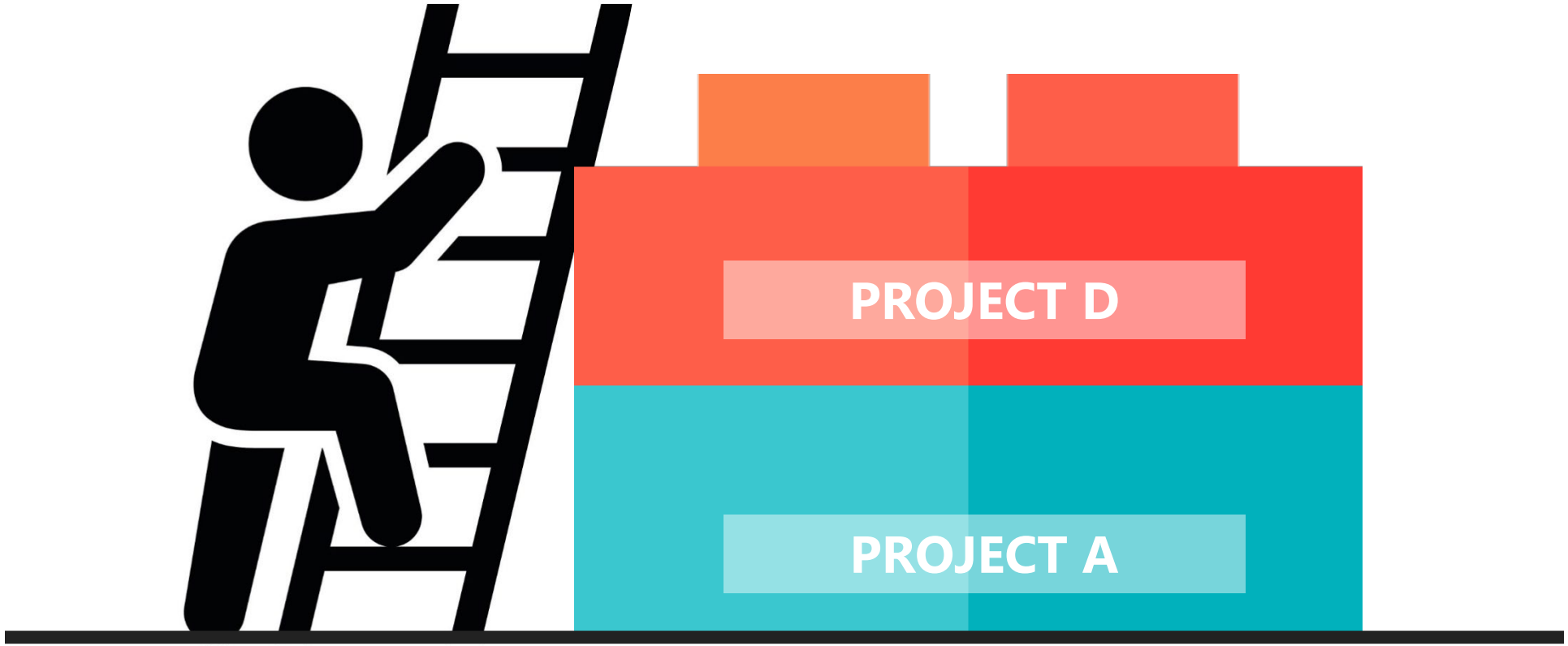
Slide courtesy of NHS Horizons
More information about Project A: http://horizonsnhs.com/projecta/

Project A

The Power Of Virtual Connections

From Project A to Project D

The new way to drive change



There are many examples of great work already occurring in Ontario and there is much to be proud of.

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was just published in @BMJ_Open
bmjopen.bmj.com/content/9/10/e...
1 3 9

ChiefMNolan @Chief... · 2017-02-09
Pierre Poirier from the #Paramedic Association of Canada overviews @CdnParamedicine role in #CommunityParamedicine in the UK #IRCP2017

P2 and 9 others
20 17

GW Community Para... · 2019-10-16
5 years ago, something great happened! We're happy to be

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ChiefMNolan @Chief... · 2018-06-04
"A small amount of Health Ministry dollars allowed Toronto paramedics to last year establish a #communityparamedicine program for frequent 911 callers. It cut 911 calls in half and hospital visits by 67 per cent." @DrSamirSinha
#onpoli
#Upstream solutions

How Ontario's next government could relieve overcrowded hospital...
thestar.com
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McNally Project for P... · 2019-10-08
#communityparamedicine home visit programs are likely to have similar pt populations & a standardised assessment instrument may be viable...great work just published by McNally members @MatthewLeyenaar @alan_batt & @WalterTava in @bmj_open. Read here:
bmjopen.bmj.com/content/9/10/e...


Examining consensus for a stan
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bmjopen.bmj.com/content/9/10/e...


Examining consensus for a stan
patient assessment in communi
paramedicine home visits: a RA
UCLA-modified Delphi Study
Matthew S Leyenaar ,[1,2] Ryan P Strum,[1,2] Alan M Batt,[3,4,5] Sa
Michael Nolan,[2,7] Gina Agarwal ,[1,8] Walter Tavares,[9,10,11] Andr
5 10

ROGERS 8:05 AM 48%
Tweet

Priscilla Harries
@Cilla_Harries

Occupational therapists and paramedics working together –helping keep people in their own homes and participating in the lives which help to keep them #active and #healthy We are #StrongerTogether @WeAHPs @sgulparamedics @SGUL_OTs @theRCOT @ParamedicsUK @KUStGeorges

BBC Radio 4 Today @... · 2018-07-26
Meet the NHS duo keeping people safe at

Social Navigator Program

Connecting and supporting individuals through a referral process and by engaging all social and healthcare agencies in the City of Hamilton.

Omega Project

Redefining the patient journey by looking at opportunities to build an evidence-based holistic system of pre-hospital care.

EMS Niagara

NR Public Health

Hamilton Niagara Haldimand Brant LHIN

Ontario

Graphics from: Redefining the Patient Journey through “Upstream” Innovation (2015)

ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

BRIGHT LIGHTS AWARDS

2019

County of Simcoe
Community Paramedicine Program

- Paramedic Referral, Home Visit and Frequent Caller/Follow up
- Has reduced primary care visits, emergency room visits and 911 calls
- 652 home visits in 2018; 79 ER visits avoided
- 47 physicians involved
- The program is a partnership with the 5 local Health Links, Health Quality Ontario, home and community care and 211

Couchiching OHT

“I now have a voice.”

- Ken, Community Paramedic at County of Simcoe Paramedic Services

Hills of Headwater Collaborative

Excerpts from a Headwaters Health Care Centre Press Release on July 18, 2019:

On June 25th, The Hills of Headwaters Collaborative held a community symposium. The symposium, a first of its kind in Dufferin-Caledon, brought together patients, family doctors, governors and community leaders to gather input from the community and to create a shared vision for the future. Several community action groups have also been formed to advance on the ground improvements in mental health, palliative care and for other populations with complex health and social services needs. The Collaborative will submit its full application to the MOH by October 9, 2019.

Tom Reid, Chief, Dufferin County Paramedics: "This is amazing opportunity to design and implement an integrated health system locally which is managed by our community. Making decisions locally will greatly benefit our community!"

Press Release from: https://www.headwatershealth.ca/News/Latest-News/The-Hills-of-Headwaters-Collaborative-is-on-its-wa

So What Next?

How do we take this good work and accelerate it, amplify it, make it the new normal for Ontarians?

How will Community paramedicine build on its strengths and realize these seismic shifts in the everyday?

From strength to strength….

Thank you!

@JodemeGoldhar
@TheChangeFdn
@IFICInfo
@horizonsNHS