
CONFERENCE ABSTRACT

Navigating the Challenges of Building Integrated Care Models: Findings from the iCoach Project

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Background: Integrated care systems coordinate services for individuals and populations, linking health and community care providers and engaging patients and families to improve outcomes. Many jurisdictions have identified better integration as a key strategy for improving healthcare system performance. But these policies supporting integration are often inconsistent and require local adaptation and alignment to support implementation. This paper reports the experience of 9 community-based primary care organizations in three jurisdictions (the provinces of Ontario and Quebec in Canada, and New Zealand). Detailed case studies of these organizations identify the challenges of integration, the leadership and organizational strategies to foster integrated care, and the unintended consequences of policy frameworks, regulation, funding and program design.

Theory and Methods: Results are pulled from the 9 case studies and include document analysis and key informant interviews with providers and organizational managers/leaders from each of the case sites, as well as interviews with policy-makers from each of the three jurisdictions. Qualitative thematic analysis was used to code interview transcripts and documents using both a deductive approach, based on the Context for Integrating Care theoretical framework developed to guide this study, as well as an inductive, data-driven approach. After coding, single case analysis methods will be used to understand tensions at each of the 9 cases, and cross-case analysis methods will be used to compare across the 9 cases. As we are still completing data collection, results presented below are based on preliminary analysis of findings generated from coding a sub-sample of available data.

Results: Preliminary data analysis identified common challenges faced by leaders trying to integrate care across programs and organizations. These challenges include inadequate information sharing, often due to limited IT infrastructure and connectivity, inadequate time and human resources to launch new programs, high rates of HR turnover (in some cases), and confusion over "who owns the patient" with regard to integrated practice across multiple organizations.

Beyond these organizational level challenges, leaders face a host of funding and policy issues. While funders and regulators in each jurisdiction have provided resources and supports for integration, these supports often take the form of one-time project funding that may not be sustainable over the longer term. Regulatory requirements often vary between programs in different sectors, raising local conflicts about integrating programs. As a result policy frameworks may be inconsistent and not conducive to integrating care, leading organizations to integrate in spite of policy rather than because of it.

Policy and regulation thus have unintended consequences, creating tensions for leaders, undermining efforts to integrate care that require managing separate funding streams, conflicting regulatory regimes, and other complexities. Early analysis suggests that lack of sustained funding results in organizations behaving opportunistically rather than strategically, leading to potentially inefficient program designs.

Discussion: Preliminary analysis suggests that in the face of these tensions, leaders often rely on past and present inter-organizational partnerships and the opportunities offered by fragmented funding programs to develop more integrated models of care for their patients. Leaders seek to present a coherent image to both funders and patients despite substantial organizational complexity that may create inefficiencies and frustrations for clients and staff. Developing a shared vision and sharing scarce resources have been key strategies in some of these cases to enable partners to secure funding for more integrated programs and provide a more coordinated care experience for patients and their families. Further analysis will illustrate how leaders brought individuals with differing perspectives and goals together from across the spectrum of health and social care to develop more integrated approaches to service.

Conclusions: Our findings suggest that strong leadership is needed to navigate the tensions of integrating care. At the organizational level, leaders need to be able to identify and manage these tensions early to avoid inefficient and ineffective program design. Policy makers, in turn, need to assess the unintended consequences of fragmented funding and overlapping program designs, acknowledging the challenges these present for organizational leaders in health care. Finally, investment is needed in strategies to more systematically support and develop leadership capabilities for building collaboration and integration throughout the health system.

Keywords: integrated care; leadership; change management
