



Pathway to Integrated Care: Exploring the Role of Hospitals as Hubs

A Converge3 Guidance Synopsis



About this Report

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About Converge3

Converge3 is a policy research centre based in the Institute of Health Policy, Management and Evaluation at the University of Toronto that focuses on integrating health, economic and equity evidence to inform policy. The Centre is funded by the Province of Ontario and includes multiple partner organizations, including Li Ka Shing Knowledge Institute at St. Michael's Hospital, McMaster University, Ottawa Hospital Research Institute, ICES, Health Quality Ontario, Public Health Ontario, and the Ontario Ministry of Health.

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Contact Information

Converge3
Institute of Health Policy, Management and Evaluation
Dalla Lana School of Public Health
University of Toronto
155 College Street – 4th Floor
Toronto, Ontario M5T 3M6 Canada



<https://converge3.ca>



info@converge3.ca



[@converge3_ca](https://twitter.com/converge3_ca)

Integrated care is a design principle focused on ensuring seamless transitions for patients across the many places they receive health care and other supports. It has been widely recognized that fragmented, uncoordinated care leads to poorer outcomes and inefficiencies for both patients and health care systems overall. Proponents of integrated care hope that it will help achieve the “Triple Aim” of optimizing health system performance through better experiences for patients, improved population health, and reduced costs.

There is a variety of potential models and approaches for achieving integrated care. Many efforts are being made to improve care integration in Ontario, across Canada and internationally. Recent initiatives to integrate care in Ontario include the introduction of Ontario Health Teams (OHTs) and Quality-Based Procedures (QBPs). The OHTs will encourage health care providers to work as a coordinated team across settings (e.g. hospitals, primary care, and home and community care). The QBPs bundle payments for specific services (e.g. knee replacement) to encourage efficiency and sharing of best practices. Best practices are set by expert advisory panels and are intended to standardize care. The importance of improving care integration has been emphasized again in the June 2019 report of the Premier’s Council on Improving Healthcare and Ending Hallway Medicine.

In consultation with stakeholders with an interest in integrated care, Converge3 identified the following policy research question: what is the potential role of hospitals as ‘health hubs’ or lead organizations for integrating health and social care?

Converge3 commissioned the North American Observatory on Health Systems and Policies (NAO) to prepare an evidence report addressing the research question. The resultant evidence report entitled “Hospitals as hubs: integrated care for patients” included two approaches to generating evidence relevant to the research question: a scoping review and a jurisdictional review focused on the United States (US) and England. Based on the evidence report, Converge3 developed this guidance synopsis in collaboration with our faculty and advisors to outline policy options relevant for Ontario.

Evidence report summary

The scoping review identified few publications that had evaluated hospital-led interventions from 2014-2019. Of the 14 identified studies, the majority (eight) were from the US, which likely reflects the recent development of Accountable Care Organizations (ACOs) following the introduction of the Affordable Care Act (ACA) in 2010. An ACO can be any organization of health care providers, sharing medical and financial responsibility for a defined population or patient group. Similar structures have recently been adopted in England.

The evidence report drew several conclusions from these 14 studies, although they varied in their scopes and settings. Typically, integration initiatives were focused on a specific patient group, such as patients from vulnerable groups or those with complex chronic conditions. Integration was often mandated by legislation or regulation (e.g. the ACA) or a formal contractual obligation. The integration efforts often involved enhanced sharing of electronic information among providers and incorporated a patient case manager or navigator. Communication issues between the hospital leadership overseeing integration efforts and frontline healthcare providers were highlighted as a key factor affecting success of these initiatives.

Eight studies assessed the effect of hospital-led integrated models on costs and outcomes. Findings were mixed; one study reported cost reductions following the integration effort, while others found increased costs or no change. Similarly, integration had no consistent effect on outcomes such as emergency department visitation, hospitalization, and use of non-hospital services: increases, decreases, and no changes were all reported in different studies. Given that the results of the few studies that have examined

the effects of hospital-led integration efforts are mixed and limited, no clear conclusions about their effects can be made at this time.

The jurisdictional scan focused on recent hospital-as-hub integration initiatives in the US and England. In England, the primary and acute care system (PACS) was the only initiative with a hospital-as-hub model that included both primary and hospital care. The PACS vanguards were launched in 2014. In the example of the Northumberland ACO, program evaluations were not designed to look at specific outcomes, so the impact of this hospital-as-hub implementation was not clear. Local researchers involved in the program evaluation asserted that the Northumberland ACO helped to build partnerships in the region.

In the US, the jurisdictional analysis focused on three examples of multi-hospital hub-and-spoke models, and two additional pilot programs involving hospital networks. A hub-and-spoke model includes an anchor establishment that serves as the hub and is complemented by secondary establishments, the spokes. The multi-hospital hub-and-spoke model is the dominant model for integration in the US. Few of the hub-and-spoke models included social services. The US health care system has significant differences to those with single public payers. Evaluation of the effects of the models has been limited to date, and therefore it is not possible to assess whether they improve health care integration or influence any aspect of the triple aim.

The overall conclusions of the scoping review and jurisdictional review were that there is little evidence available at the present time to demonstrate the impact of hospital-led integrated care models and to guide implementation of such models elsewhere.

Although limited evidence was available to address the research question, the findings of the evidence report could help in the consideration of

policy options to improve health care integration in Ontario:

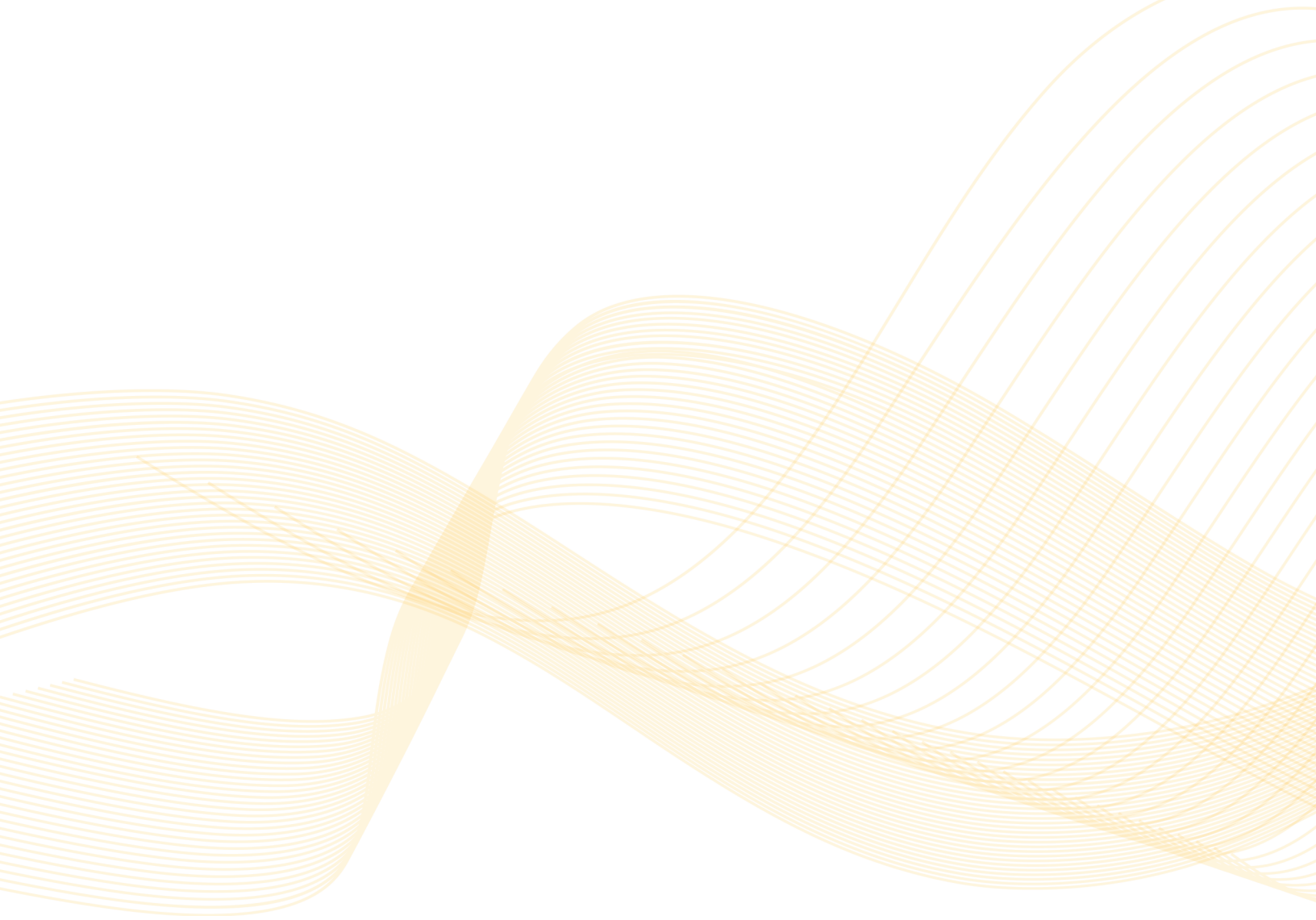
1. Rigorous pilot testing may be beneficial.

Different healthcare contexts and the paucity of evidence make it difficult to generalize findings and apply models from other jurisdictions. Alternatively, Ontario could look to local integrative care pilots to inform models of care integration. The first wave of OHTs represent an important opportunity for pilot testing. Lessons from other jurisdictions underscore the importance of having a rigorous program evaluation plan to determine the impacts of integration initiatives and implementing such plans early in the implementation process. The triple aim is a widely adopted framework for assessing integration and could serve as the basis for such evaluation.

2. Communication and alignment of stakeholders' roles and expectations are likely to be important determinants of successful integration.

Ontario may wish to invest in methods to ensure effective communication between front-line staff and integration partners, since miscommunication is a barrier to successful implementation of integration. Additionally, defining clear roles and expectations for all stakeholders is an important determinant of success.

- Implementation of the integration plans would likely require an oversight mechanism. Clear accountability for management of logistics and administration could also be beneficial to ensuring consistency and smooth communication.
- An oversight body responsible for implementation may also be ideally positioned to provide ongoing opportunities for relationship building for all stakeholders involved in care integration. Relationships are a facilitator of implementation success, and dialogue will help to identify obstacles and sharing of lessons learned for future phases.



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