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## CONFERENCE ABSTRACT

### **Implementing Integrated Care Across An Entire Health System**

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Richard Lewanczuk<sup>1</sup>,

1: Alberta Health Services, Edmonton, AlbertaCanada

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**Introduction** – Alberta Health Services is in the process of transforming healthcare delivery across an entire population to align with principles of person-centered, integrated care. This transformation involves not only the traditional health system, but also a comprehensive group of government and community stakeholders. The issue that arises from such work is how to manage change with such a massive scope.

**Context** – This culture change is in the context of a totally public, government-funded, universal healthcare system but where it is necessary to meaningfully involve private physicians, government departments, municipal governments, charitable organizations and the general public.

**Targeted population** – With a universal health care system, change is being effected across the entire population of the province of Alberta, Canada.

**Highlights** – In order to manage this work, there is a strong inclination to prioritize by working sequentially with different stakeholder groups. We have found this is not advisable, as all parts of the system are interdependent and therefore must be brought along together in order to achieve the overall goal of integration. Having the acute sector starting to shift focus to the community when primary care is not ready, for example, does not work. Similarly, having primary care engage the volunteer sector when the latter is not ready does not work either. Thus, integration must be done concurrently with all necessary stakeholders, although addressing geographies sequentially has been a strategy used to make the work manageable. One useful technique has been the use of multi-stakeholder meetings where everyone can contribute to an overall plan and understand various perspectives. Similarly, we have found that providing background, rationale and examples of integration activities, particularly in a multi-stakeholder setting, quickly leads to the generation of ideas and natural partnerships. A strong communications plan, showcasing initial successes provides positive feedback and motivation for all. Having engaged leaders from stakeholder groups and giving ownership of the initiative to the “grassroots” has been particularly effective. Furthermore, ensuring appropriate support in terms of administrative organization, planning, measurement and evaluation has been critical. Finally, we have found it important, to address the “what is in it for me?” for each stakeholder group.

**Transferability** – The single, public Alberta health system is unique but principles articulated above can be applied in any setting, although the scope may not be as broad.

**Conclusion** – When people and organizations are provided with the right tools and information, and when they are empowered to effect change, a very positive, action-oriented culture develops. Key lessons learned include the value of a concurrent change management approach, enabling change at the grass-roots level but with

appropriate support the so-called “bottom-up, top-down” approach, addressing the particular interests of each stakeholder group, and very purposefully moving beyond a medical model of care to a societal wellness approach.