CONFERENCE ABSTRACT

Developing a Cross-Sector Collaborative Quality Improvement Plan for Integrated Care: A Cross Case Analysis of the Experience of Three Ontario Health Teams in Canada

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Rosanra Yoon¹, Mulugeta Chala, Robert Barnett¹²³

1: University Of Toronto, Canada
2: Centre for Rural and Northern Health Research at Laurentian University
3: Northern Ontario School of Medicine

Introduction: Ontario Health Teams (OHT) are transforming healthcare delivery by bringing together providers and organizations, partnering with patients, families, and caregivers for more integrated, people-focused care in Ontario, Canada. Collaborative Quality Improvement Plans (cQIPs) are intended to promote a culture of shared quality improvement through the development of collaborative improvement goals aligning with the Quadruple Aim. A cross-case analysis of three teams shows considerable tension between standardized top-down indicators required by the government and locally identified relevant indicators. The extent to which the process of developing a cQIP engages stakeholders and supports OHTs to achieve integrated and equitable care is examined.

Aims/Objectives: This study aims to describe the processes and approaches that OHTs use to balance their population-specific quality metrics with required indicators that have varying applicability to their local contexts and existing shared quality measurement efforts. As researchers embedded in the OHTs we have conducted a cross-case analysis, employing process mapping, content, and document analysis to examine: 1. How OHTs approach the cQIP process and choose meaningful indicators and, 2. The extent to which provincial cQIP requirements align with OHTs efforts to improve care for both their priority and attributed populations.

Highlights: This research is currently underway and will be completed by April 2022. Preliminary findings suggest:

1. The OHTs vary in context, structure, and team maturity which affects the development of the new cQIP process.

2. There are considerable tensions surrounding balancing provincial indicators with local population-specific indicators.

3. There are both challenges and opportunities in how the patient, family caregiver and provider voice are brought to bear on cQIP development.

OHTs are navigating the cQIP process for the first time, often while building cross-sector relationships, which adds extra complexity. The mechanisms used to engage patients and caregivers in the cQIP development vary across OHTs. The development of a collaborative quality
improvement plan is an important process for shared measurements of success; however, their implementation varies widely.

**Conclusions:** This cross-case analysis provides important findings on how three OHTs developed cQIPs and how they aligned with local population health management goals.

The structures and processes that OHTs used for their cQIPs warrants further study, with special attention to the degree that the ministry frameworks align with local improvement goals.

**Implications:** Collaborative Quality Improvement Plans support improvement in shared efforts to improve integrated care. Cross-case analysis suggests that how OHTs develop these collaborative methods influences their impact. Variability in the approaches to cQIP development by the OHTs influence decisions made regarding performance and quality improvement indicators and quality improvement planning efforts.

**References:**