
CONFERENCE ABSTRACT

Facilitating integrated care through primary healthcare teams: A policy analysis of four Canadian provinces

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Background: Improving health services integration for patients with complex needs is a challenge given the rising complexity of patients and the services they require. Team-based primary healthcare (PHC) models have been developed to address the needs of this population. These models have been implemented in diverse ways across Canada in an effort to improve patient experience and better coordinate care to improve population health and reduce costs. Mixed evidence exists on the impact of PHC teams on outcomes, including integrated services delivery. Policy-makers have little evidence on what policies and structures facilitate, incentivize, or promote integrated service delivery, especially for patients with complex needs.

Theory/Methods: A comparative policy analysis was conducted to examine the policies and structures that support health and social services integration for complex patients through PHC teams in British Columbia, Alberta, Ontario, and Quebec, Canada. We also explored patient engagement in policy development and implementation related to PHC teams and integration.

The Patient Medical Home goals, (1) the 10 key principles of integration, (2) and the policy triangle framework (3) guided data collection and analysis. Case study methodology was used for the study. We compiled provincial and regional level policies on PHC teams and integrated service delivery. Individual provincial case studies were completed followed by a cross-case analysis.

Results: This study is currently in process. We will share key themes from each of the case studies and compare themes across cases. Results will include an in-depth analysis of current policies for PHC teams and how these policies support or do not support integrated health services delivery.

Indicators and outcomes for PHC teams and integration will also be reported. The involvement of patients/caregivers in policy development, implementation and evaluation will be included.

Discussion: PHC teams are essential for improving outcomes for complex patients. Policies provide the framework for action in how teams are implemented and their contribution to integration. Unintended consequences may also arise and are important to recognize.

Conclusions: This research is timely, given the changes implemented in PHC care within Canada and internationally. The results provide a foundation for policy change in participating provinces with relevance nationally and internationally.

Lessons learned: 1) A good understanding of current policies will provide a foundation for improving these policies and practice; 2) Identified outcome indicators for integration will assist in measuring impact for patients, providers, and the health system; 3) An understanding of patient engagement in policy-making and implementation will facilitate the engagement of patients/caregivers; and 4) Identification of unintended consequences will enable policy-makers to address these issues in current and new policies.

Limitations: All relevant policy documents may not be readily available for analysis. The complexity of the project may impact the depth of analysis. Finally, government changes can result in significant changes in policy; this analysis focuses on a snapshot in time. Despite limitations, important information for policy and decision-makers to improve integration through PHC teams will be provided.

Suggestions for future research: Recommendations for future research in the areas of policy and practice will be presented.