# Integrated Models of Care

A high-performing health system features **integrated models of care** with smooth transitions for patients across the continuum of care.

### Integrated patient care is:

- coordinated across professionals, facilities, and support systems;
- continuous over time and between visits;
- tailored to the patients' needs and preferences; and
- based on shared responsibility between patient and caregivers for optimizing health.

While there are several innovative models being developed across the province to date, two models of care have been successful in enhancing patient outcomes: **health hubs and bundled care**. Indeed, some health hubs also have achieved end-to-end integration, where most, if not all sectors, of the health system are formally linked to improve patient access.

## Benefits of Integrated Models of Care

**Patients** can benefit from care closer to home, easier transitions, improved navigation across the system and better patient outcomes and experience. Care would be better-organized around their needs.

**Hospitals** and other health care providers are given more freedom to innovate, locally. They can optimize their resources and share their expertise and capacity across the continuum to ensure long-term viability. This is especially important in smaller communities.

At a **system level**, health hubs help sustain local front-line health care. This means better access to care and care providers, patient satisfaction and potentially cost-savings. Bundled care can improve services by standardizing care, optimizing resources by different providers and, improving health outcomes.

## Health Hubs

The health hub model supports a single funding envelope and governance structure, whereby most, if not all, sectors of the health care system are formally linked to create end-to-end integration.

Each rural health hub is locally defined and tailored to the community. In smaller communities where having a critical mass of staff is a significant issue across all sectors, proactively sharing staff and resources goes a long way in improving care and strengthening the system.

The concept of a local health hub is not new. In fact, many hospitals in Ontario, have already developed or are developing successful health hub models that link acute care with primary care, long-term care and other community-based services.

## Health Hub Example

**Santé Manitouwadge Health** embarked on the creation of a local health hub many years ago with a single campus and an integrated governance structure that provides acute care, emergency services, diagnostics, rehabilitation, primary care, mental health services, public health, home care, diabetes education, outpatient services, physician practice management, seniors' community programs and long-term care services. This health hub model has improved patient satisfaction and saved money.

Some results include:

- Reduced annual emergency department (ED) visits
- Reduced wait time for home nursing care
- Improved patient transition/navigation
- Increased local job security
- Brought care closer to or in the home
- Improved provider communications
- Strengthened primary and community care

Source: Santé Manitouwadge Health

## Bundled Care

Bundled care is an integrated model of care that provides a specific package of care and services spanning the continuum of care, generally for a specific condition. A single provider is responsible for the patient's complete care journey from start to finish. Payment is provided to a single fund-holder of services from multiple providers and across multiple settings, including the community and hospitals. Providing care through one bundled payment has been shown to improve care and encourage collaboration among all health care providers.

## Digital Health

Hospitals recognize **digital health** as a key enabler for integrating care and driving system transformation. Digital health is the use of information technology, electronic communication tools, services and processes to deliver health care services or facilitate better health.

For example, institutions were able to realize up to a 20% increase in patient flow by automating patient engagements and streamlining clinical work flows.

In Ontario, six bundled-care partnerships (hospital and community providers) have focused on specific procedures or diagnostic groupings. The OHA supports the government's expansion of bundled care initiatives across the province.

## Bundled Care Example

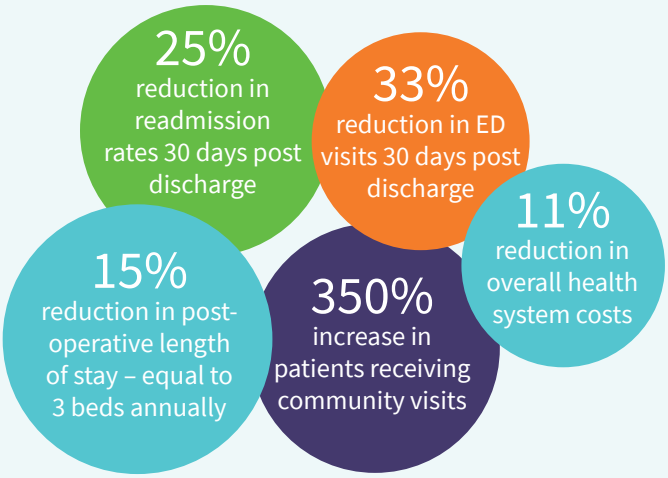
Trillium Health Partners and St. Elizabeth Health have partnered with patients and families to redesign the journey for cardiac surgery patients to provide a seamless transition from hospital to home.

**Features include:**

- Integrated Care Coordinators
- Integrated Patient Record
- Virtual Care
- Virtual Rounds
- 24/7 Phone Line
- Follow-up Clinic
- Patient and Caregiver Education

Source: St. Elizabeth Health and Trillium Health Partners

**FY 17/18 Outcomes**
(Baseline FY 14/15 comparable population)




**Operational and fiscal foundation for scale and spread:**
Integrated health records, real-time electronic tracking and data monitoring, gain and risk sharing, daily operational tools and continuous quality improvement and innovation.

OHA Ontario Hospital Association