

# CHCA SUMMIT

## Integrated Practice Units: An Innovative Approach to Collaborative Care

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# Agenda

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- Context
- CIUSSS CCOMTL
- Integration: How to make it happen





# Context

The reason behind



## « From a network of institutions to a network of patient services »

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- April 1<sup>st</sup>, 2015: Bill 10: Merging  
From 320 health care institutions in  
the provincial network → 34
- Reorganization of all our services  
from sites to services → transversal

**YOU NEED  
CHAOS IN  
YOUR SOUL  
TO GIVE  
BIRTH TO  
A DANCING  
STAR**

heads and tails are  
way for the future  
is **opportunity** in  
at his new play  
city or fame, he



Centre intégré  
universitaire de santé  
et de services sociaux  
du Centre-Ouest-  
de-l'Île-de-Montréal

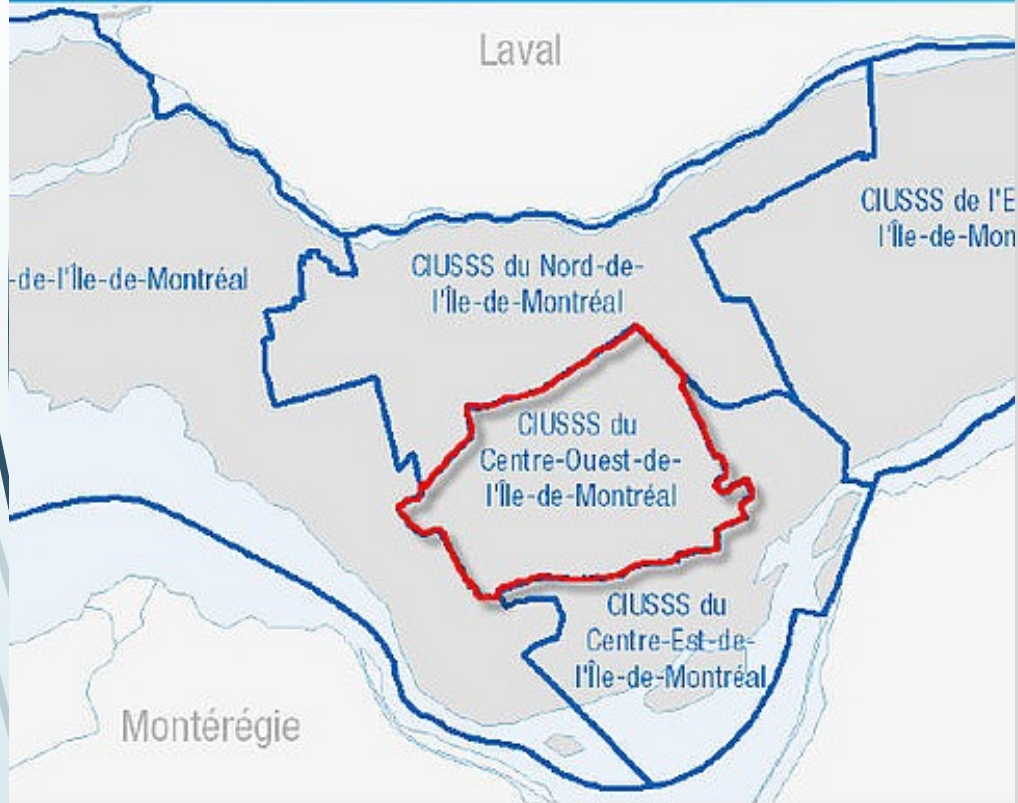
Québec



# Integrated Health and Social Services University Network for West-Central Montreal



## Island of Montreal



## Who we are

The CIUSSS territory: 54 km<sup>2</sup>.

It covers **five boroughs**, either completely or partially: Côte-des-Neiges/Notre-Dame-de-Grâce, Villeray/Saint-Michel/Parc-Extension, Rosemont/La Petite Patrie, Plateau Mont-Royal and Montreal)

### Five cities:

Hampstead, Westmount, Montreal West, Town of Mount-Royal and Côte Saint-Luc

# Who we are

- + 9000 employees
- + 700 physicians
- + 4000 students
- 5 Research Centers

Population of 357 000  
On 31 sites





# CIUSSS West-Central



Donald Berman Maimonides  
Donald Berman Jewish Eldercare  
Saint-Andrew Residential Centre  
Saint-Margaret Residential  
Centre  
Henri-Bradet Residential Centre  
Father-Dowd Residential Centre  
Mount Sinai Hospital

1177 beds



Miriam Home and Centre  
Lethbridge-Layton-Mackay  
Catherine Booth  
Richardson Hospital

143 beds  
7100 ambulatory patients



CLSC Benny Farm  
CLSC René-Cassin  
CLSC Côte-des-Neiges  
CLSC Parc-Extension  
CLSC Métro

Groupe de Médecine  
Familiale (GMF) : 15  
GMF-Réseau: 6

650 000 visits

Jewish General Hospital

536 beds  
24 777 admissions  
90 000 ED visits  
628 000 ambulatory visits

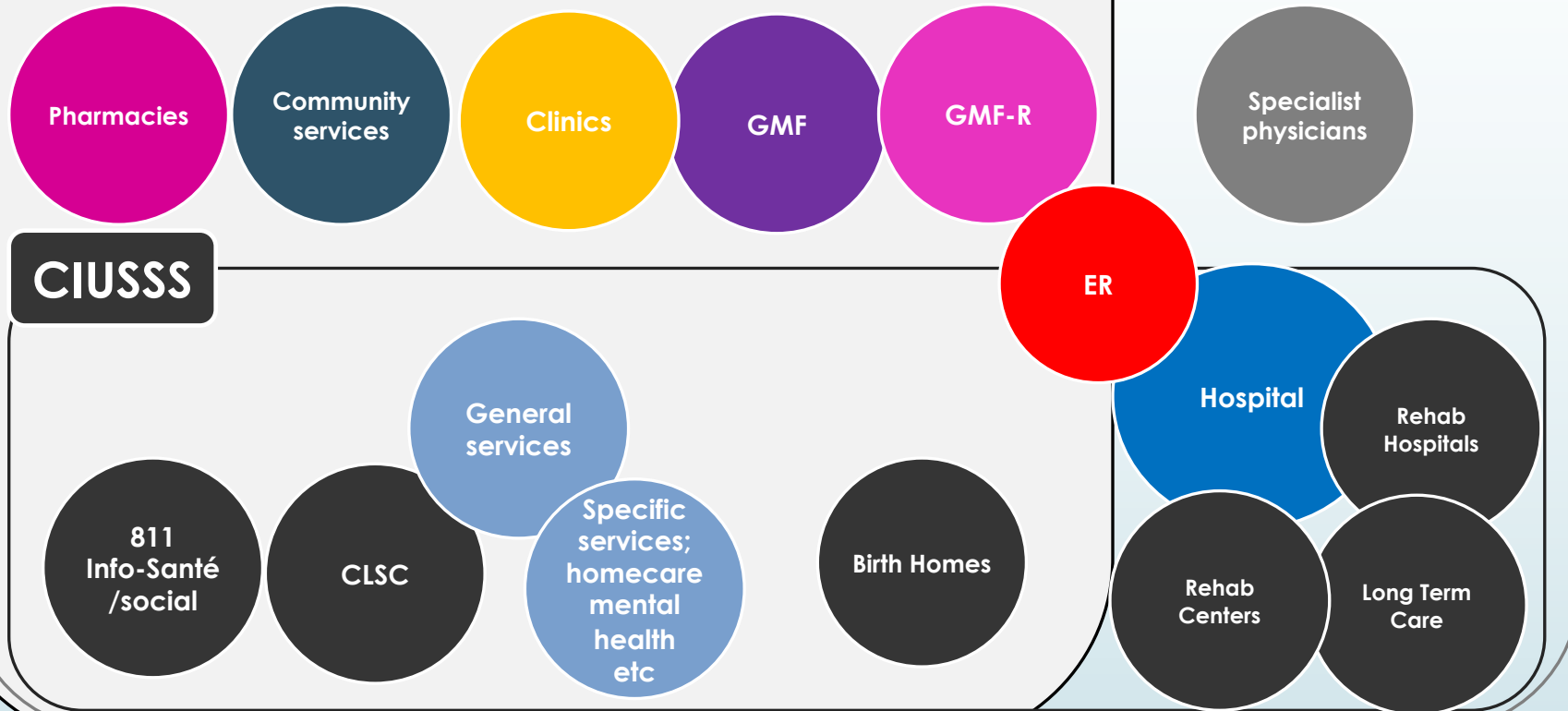




## Services in Proximity

**Services in Proximity:** Direct access to the population near their home.

### Network of services on the territory



**1st Line Services:** Non-specialized service programs, first level of care - small infrastructure.

**2nd line services**



**IPU**

How to make it happen

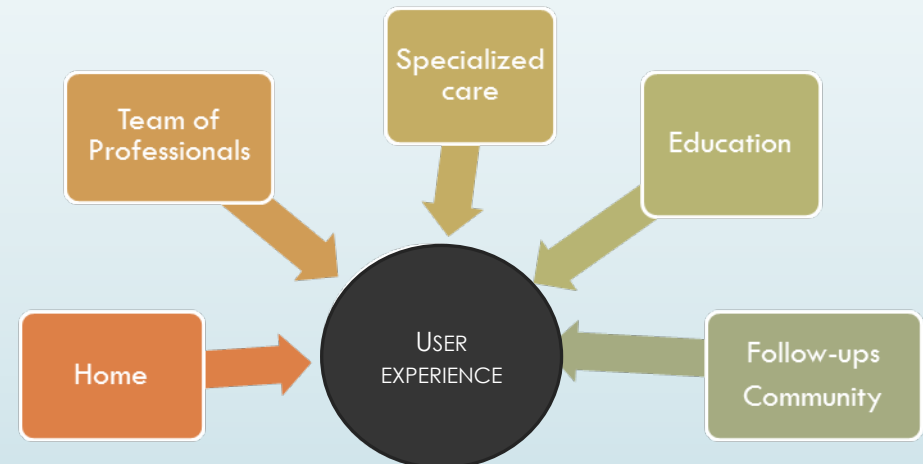


# Concept: An Integrated Practice Unit

Organization and delivery of a comprehensive continuum (Integration of the full cycle of care) of services around a major disease, age group or patient population.

Provides patient care that is:

- Accessible (right place, right time, right person)
- Appropriate
- Flexible & adaptable
- Coordinated
- Multi/interdisciplinary



# Complete cycle of care and services

Leadership & Management

## Systemness: The Next Frontier for Integrated Health Delivery

Written by Alan M. Zuckerman, FACHE, FAAHC, president of Health Strategies & Solutions, Inc. | March 10, 2014 | Print |

### Rethinking the Organization of Delivery of Care



### ► « Systemness »

- A complex system whose interconnected elements demonstrate a global behavior distinct from the behavior of its various parts.
- Every partner, facility & staff member that the system interacts with is harmonized such as when combined they operate as more than the sum of their parts.



# For what purpose?

To maximize value for patients: improving quality, health outcomes, patient experience and cost

TO MOVE AWAY FROM

- A supply-driven health care system organized around what physicians do
- A fragmented system
- Focusing on performing procedures and treatments, leaving behind the patient

TOWARD

- A patient-centered system
- That improves care continuously
- With volume feeding learning and improvements in a continuous feedback loop
- Where patients' experience is everyone business



# Complete cycle of care and services





# What is a trajectory?



Organization of care and services throughout care path



# Building an IPU

➤ Developing trajectories





# How to build one?



## INGREDIENTS (IDEAL LIST)

- **Access to care:** Ease of making an appointment, short wait time in office; use of e-mails & phone when possible
- **Integrated, comprehensive care paths** with smooth transfer across a fixed or virtual team of providers
- **An interdisciplinary dedicated team**, with accountability for patients outcomes and experience
- **Patient focus and engagement in care**
- **Physicians integration** at all levels
- **Care coordination and standardized through multidisciplinary teams**
- **Clinical information systems** that support high quality care, quality improvement, practice-based learning
- **Performance management & communications:** Measuring outcomes at every level with on-going routine patient feedback and implementing change in practice
- **Information systems:** State-of-the-art for data management and effective tracking of utilization and outcomes
- **Comprehensive cost-based accounting** for the episode of care

Just  
start!



# How to build one?

Step 1

DMAIIC

- **Define** the Vision for the IPU
  - Define the mission,
  - Common objectives (**Why?**)
  - Identify targeted medical condition or clientele
  - Identify and prioritize trajectories according to established criteria
  - Define roles and responsibilities
- **Identify**
  - Stakeholders
  - Workgroups



TRUE NORTH CIUSSS WEST-CENTRAL



The pillars of our CIUSSS strategic planning



# How to build one?

Step 2

Current state,  
mapping &  
analysis

Future state  
development  
Ideal

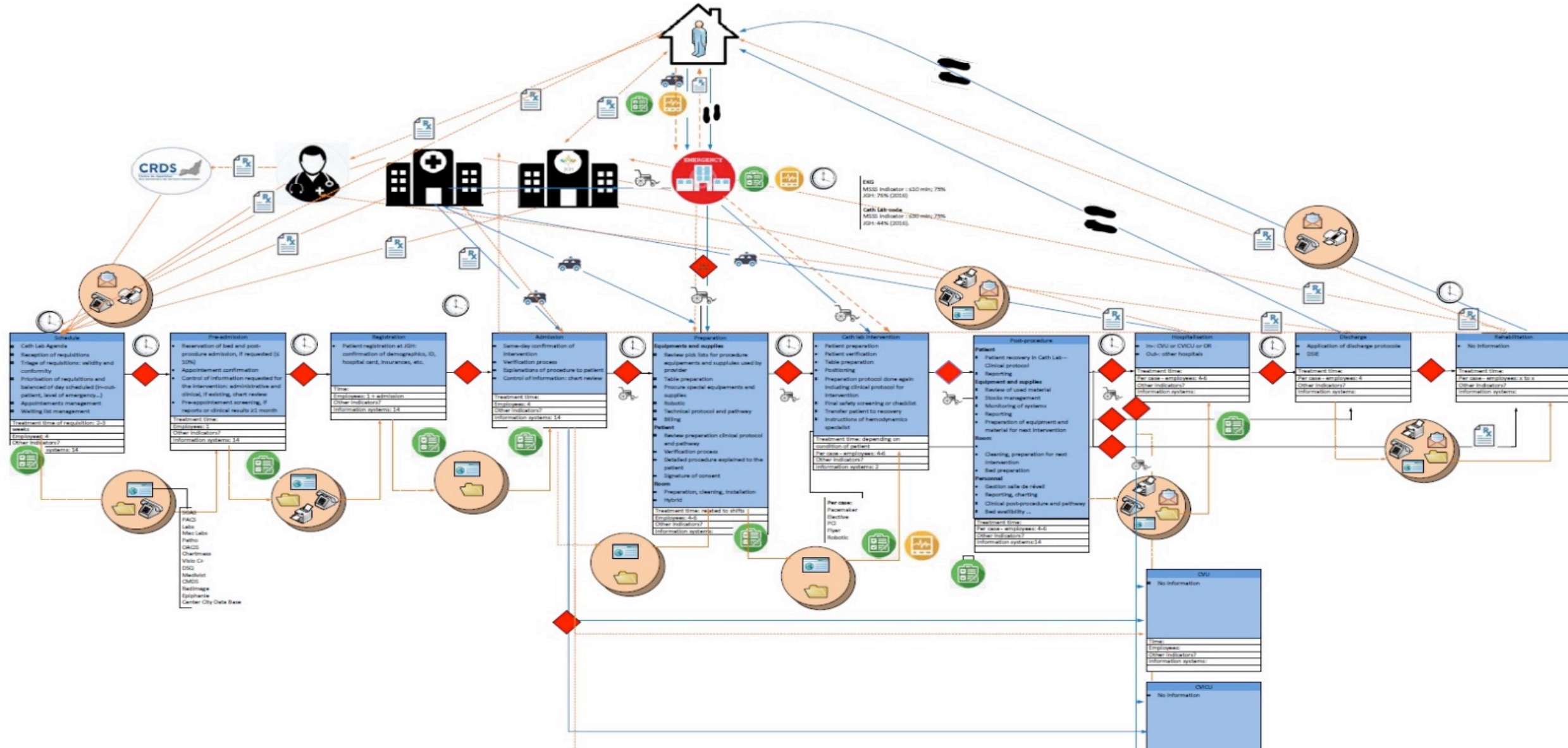
Opportunities  
Prioritize

↕  
All stages  
Indicators  
Resources  
Volume

↕  
Where do you  
want to be?  
Added value  
for the user?

↕  
Standardization  
↓ care variation





# Did you think of ... ?

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- Best practice
  - Literature
  - Benchmark
- Accreditation
  - Required Organisational Practices
- Innovation – How can we provide services differently?
  - Digital Health
  - Tele-Health
- Space requirements
- Education & Research
  - Staff
  - Patients / users



# Visual – Framework Job aid

Centre intégré  
universitaire de santé  
et des services sociaux  
du Centre-Ouest  
de l'Île-de-Montréal  
Québec

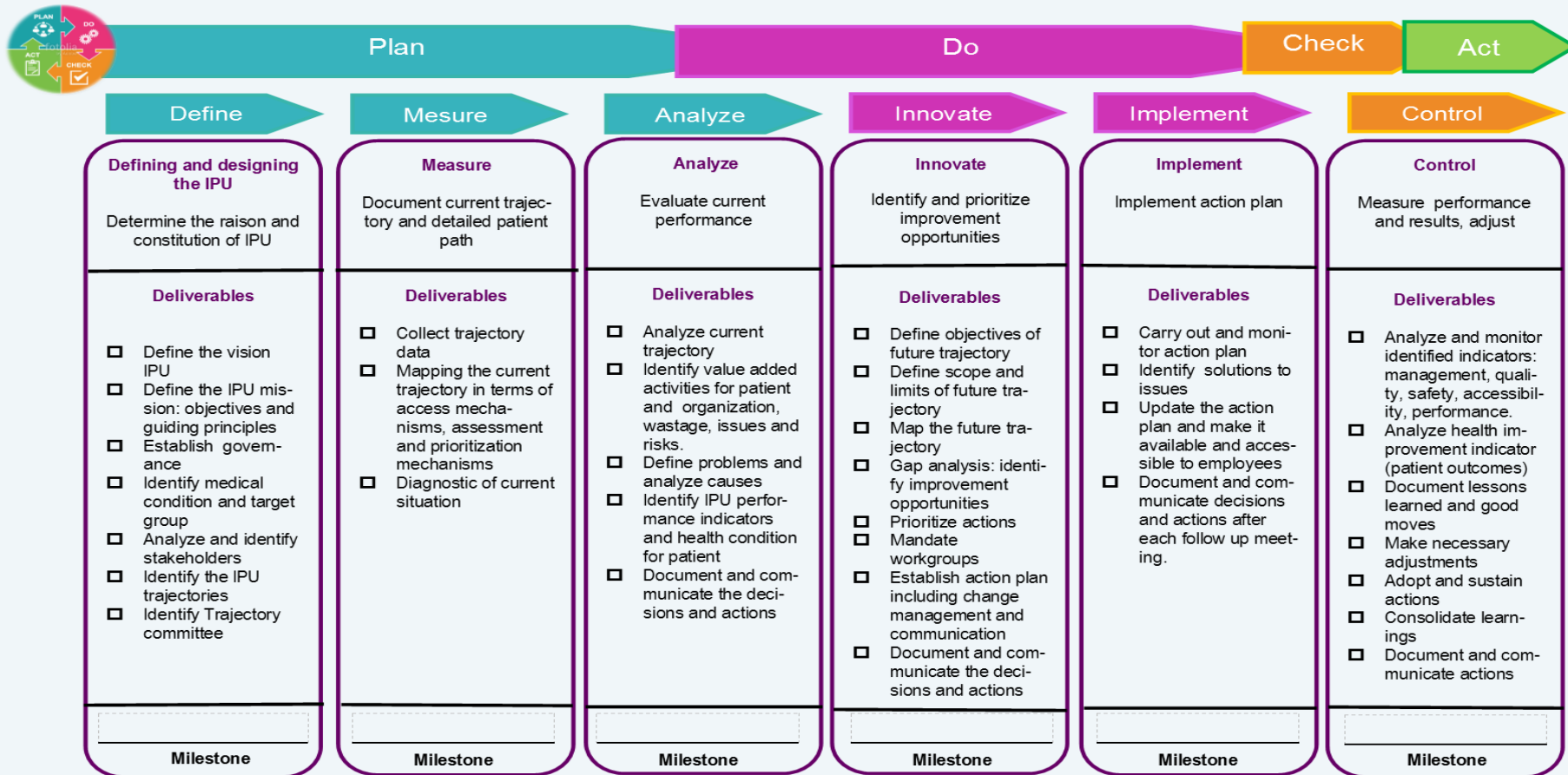
## Timeline IPU /Trajectory

IPU name:

Co-leads :

Trajectory name :

Date:



# Checklist: Integration of the 6 Components of a University Mission for the Development of IPU

Centre intégré universitaire de santé et de services sociaux du Centre-Ouest de l'Île-de-Montréal Québec

Timeline IPU /Trajectory

IPU name:			Co-leads :		
Trajectory name :			Date:		


Define	Measure	Analyze	Innovate	Implement	Control	
<b>Defining and designing the IPU</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Researcher with expertise?</li> </ul>	<b>Measure</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scientific knowledge</li> </ul>	<b>Analyze</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A researcher contributes to the analysis?</li> </ul>	<b>Innovate</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence has been incorporated into modeling the desired trajectory?</li> </ul>	<b>Implement</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A researcher remains part of team in the implementation phase?</li> </ul>	<b>Control</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A researcher contributes to outcome evaluation protocol?</li> </ul>	RESEARCH
<ul style="list-style-type: none"> <li><input type="checkbox"/> Internship to support development of the IPU</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Internship offers?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Internship offers?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Internship offers?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Internship offers?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Integrate IPUs into the orientation of interns</li> </ul>	TEACHING
<ul style="list-style-type: none"> <li><input type="checkbox"/> The team is supported by an expert or professional in knowledge transfer who helps organize exchanges on the needs of the community, consultation activities with users, etc.?</li> </ul>				<ul style="list-style-type: none"> <li><input type="checkbox"/> Adoption and integration of new approaches and tools</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The knowledge acquired is transferred within the organization to ensure sustainability?</li> <li><input type="checkbox"/> Activities (training, workshops or information clips) are planned to ensure the long term use of new methods?</li> </ul>	MOBILIZATION OF KNOWLEDGE
Milestone	Milestone	Milestone	Milestone	Milestone	Milestone	

# Checklist: Integration of the 6 Components of a University Mission for the Development of IPU

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Timeline IPU /Trajectory

IPU name:			Co-leads :		
Trajectory name :			Date:		



Plan

Do

Check

Act

Define	Measure	Analyze	Innovate	Implement	Control
<p><b>Defining and designing the IPU</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The team is assisted by a clinician with proven expertise related to the population or health condition</li> </ul>	<p><b>Measure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An expert practitioner or clinician supports the documentation of the current trajectory?</li> </ul>	<p><b>Analyze</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An expert clinician helps analyze the situation, document issues identified, users' needs, clinical and contextual issues?</li> </ul>	<p><b>Innovate</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The team explores innovative, proven clinical approaches and tools that could be used to improve the trajectory?</li> </ul>	<p><b>Implement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An expert clinician is involved in implementation and helps identify issues and solutions?</li> </ul>	<p><b>Control</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Following implementation, an expert clinician participates, if pertinent, in the revision of clinical tools and trajectory</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> The documentary research strategy is validated with a rapid-review expert.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An evaluation specialist advises on methods to document current trajectory?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An evaluation specialist is consulted for the choice of indicators?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence related to the trajectory is considered for the identification of improvement opportunities?</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> An evaluation specialist contributes to sustainability strategies and impact assessment?</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> The IPU steering committees have integrated University Mission representatives?</li> </ul>					<ul style="list-style-type: none"> <li><input type="checkbox"/> Oral and written communications are carried out internally and externally to promote the project?</li> </ul>
Milestone	Milestone	Milestone	Milestone	Milestone	Milestone

CUTTING - EDGE PRACTICE →

ETMISSS →

LEADERSHIP →

# Patient / User partner

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- **An essential role**
  - Added value of our interventions and processes
  - Keeps us grounded to reality
  - Keeps us focus on **what** is important for them
- Structured approach





# Indicators and Outcomes

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- Performance measurement
  - Patient conditions
  - Process: access, safety, continuity
  - Outcomes: results, experience, EPROM
    - Measure what matters to users
- Targets
  - Standards
  - Best practice



# How to build one?

Step 3

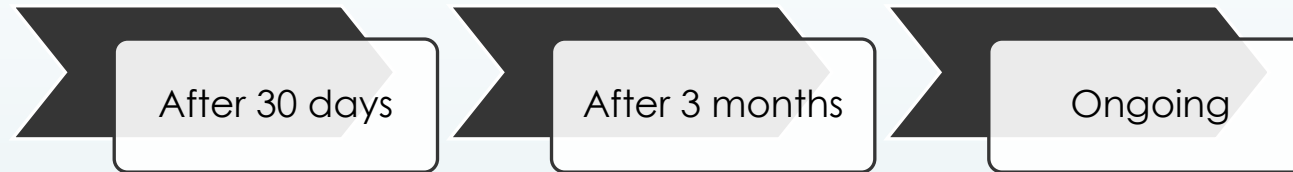
- **Implementation**
  - Change management
  - Transition plan
  - Pilot project
  - Communication plan



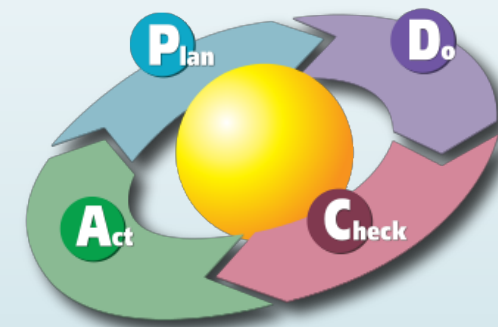
# Ensure sustainability!

## Step 4

### ➤ **Control** (post implementation)



- Indicators – Outcomes measurement
- What works well?
- What could be improved
- Adjustments
- Continuous improvement
- Accountability - Feedback



# Governance IPU

## Strategic committee

- Sponsor
- Composition: CEO, DCEO, DDG, DON, DPS, AD Innovation

## Clinical Coordination committee

- Guardian
- Composition: DCEO, DDG/Quality, DPS, DON, DMS, DIFLS, SAPA, DMHD, REHAB, AD Innovation, Academic Affairs

## Steering committee

- Co-Leads (2-3 pillars)
- Composition: DON, DPS, DMS, DIFLS, REHAB, SAPA, **Patient / User**, Quality, IM, Innovation, Community partner and/or Network partner

## Trajectory committee

- DON, DPS, DMS, REHAB, DIFLS, SAPA, DMHD, Quality, Innovation, IM, **Patient/User**, Academic Affairs, Innovation, Community organizations & Community partners



# IPUs currently in development



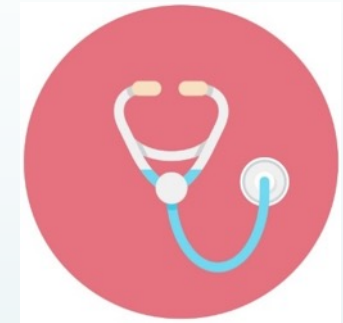
Developmental  
delays 0-7 yrs

Cardiovascular



Neurosciences

Proximity Services



Mother-Child-Family

Musculo-skeletal



Mental Health  
12-25 yo



# Conditions of Success

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- Leadership engagement
- Common vision / Commitment to a shared purpose
- Respect
- Listen to ...
- Ensuring a strong alliance between users, employees, management and the medical professionals
- Mutual trust
- Stay on course on True North – Vision
- Focus on the WHY - Purpose





# Challenges

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- Transversality
- Who owns the patient? Accountability for the continuum
- Geographic limitations
- Integration of the various trajectories into first line services
- Access to information (EMR)
- Merging 9 information technology platforms



# Lessons Learned

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- Framework, methodology & structure
- Common vision of the stakeholders facilitates the development of trajectories
- Value of a standardized approach
- Importance of training
- Value of Expert Users / Patients
- Regular reporting mechanism (CEO & DCEO)



# Looking Forward

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## ➤ Next steps?

- Implementation
- Monitoring and control: Outcomes measurement
  - Health status achieved or retained (clinical & functional)
  - Process of recovery
  - Sustainability of health (long term)

### Mechanism:

- Obeya room – Steering Committee: Global continuum (macro level)
- Visual Stations – Operational levels (specific metrics)
- Calculating the cost of a trajectory
- More trajectories ...
- More IPUs ...





# Access for the User

