

Integrated Funding Models

Supporting sector-led innovation

February 9, 2015



Webcast Agenda

Item	Time	Speaker
1. Opening Remarks	2:00PM – 2:10PM	Susan Fitzpatrick
2. Ontario Experience with IFMs	2:10PM – 2:20PM	Kevin Smith
3. Expression of Interest for IFMs	2:20PM – 2:40PM	Melissa Farrell
4. Questions and Answers	2:40PM – 3:25PM	Panel: Susan Fitzpatrick Kevin Smith Melissa Farrell Lee Fairclough Walter Wodchis
5. Closing Remarks	3:25PM – 3:30PM	Melissa Farrell
6. Adjournment	3:30PM	All

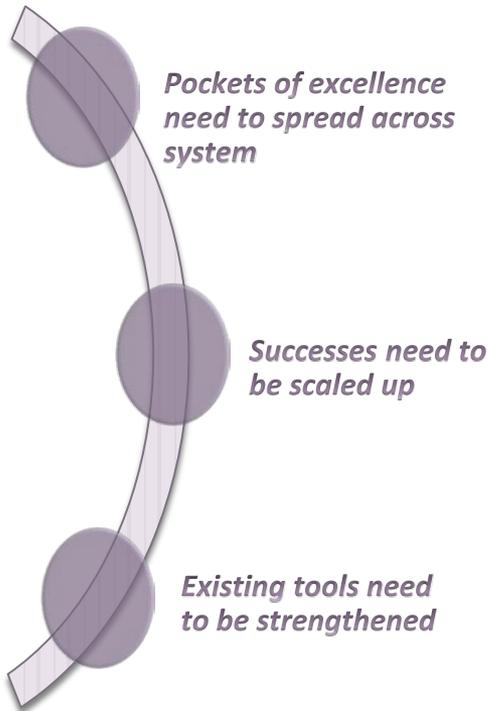
Opening Remarks

Susan Fitzpatrick

Associate Deputy Minister, Health System Delivery and Implementation
Ministry of Health and Long-Term Care

Bridging To The Next Phase of Transformation

*While progress has been made, there is much more to do.
We need to deepen our efforts in certain areas to drive results.*



Home and community care sector not yet operating as a mature sector. We will enhance its capacity to drive transformation and meet the needs of Ontarians.

Quality and evidence based funding in the acute sector has become a cornerstone of system transformation. We will expand this culture of quality and evidence to all parts of the health system.

Integrated coordinated care has taken hold in pockets of excellence. We will intensify efforts to enhance integrated services across the province.

Patient engagement is gaining strength as an important component of care. We will empower Ontarians through education and collaboration, allowing them to make informed choices about their **health and wellness**.

Mental health and addictions services could better meet client needs. We will drive structural change to increase access and quality for Ontarians.

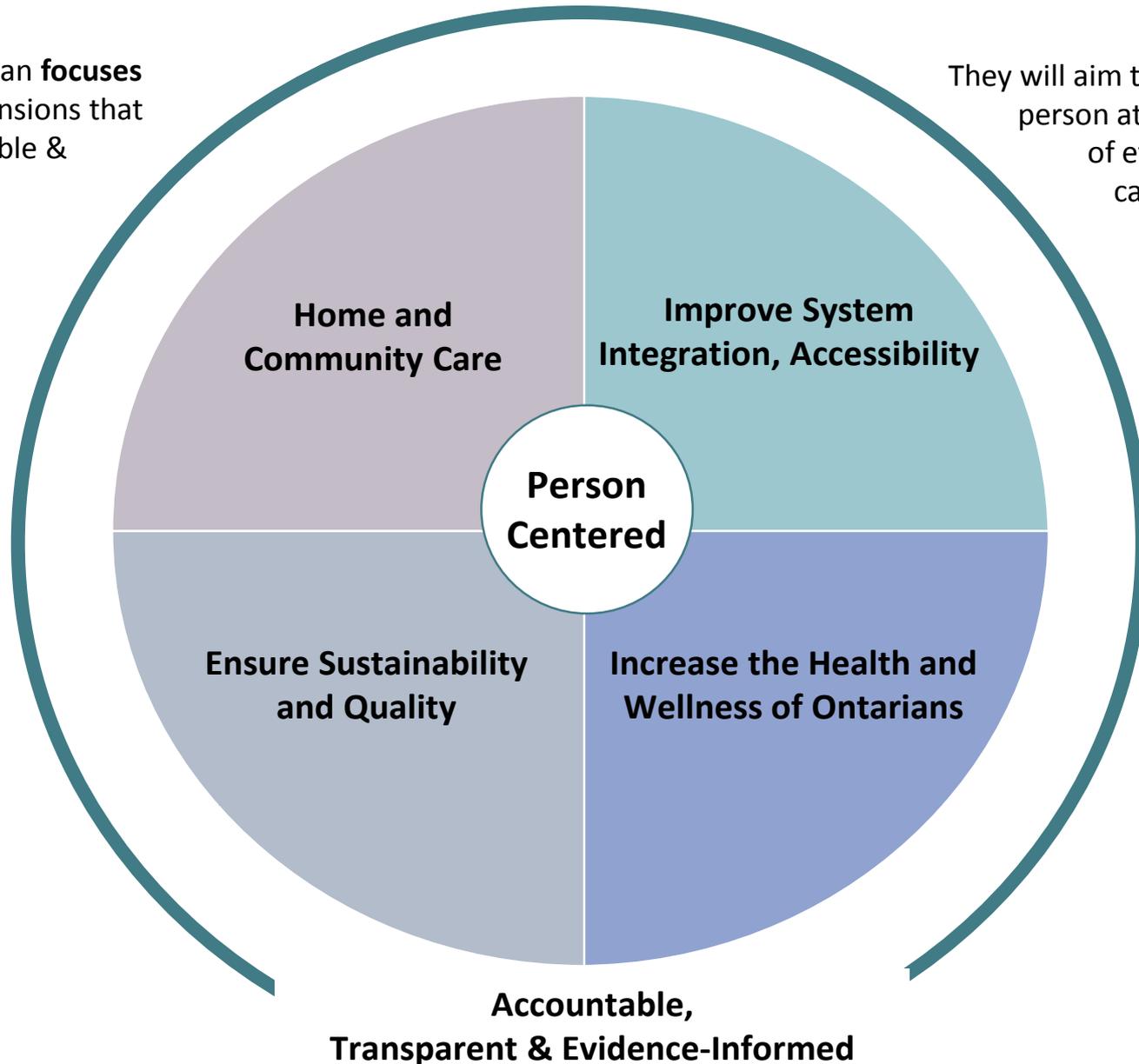
Links between **quality, value and performance** need to mature. We will strengthen them through greater **accountability** for results and **transparency** in decision making.

Further fiscal restraint will require structural changes to the way we think of and deliver services. Maintaining system **growth at 2%** requires innovative approaches to delivery and a relentless focus on value for money.

Policy Pillars: Next Phase of Transformation

The Action Plan **focuses** on four dimensions that are accountable & transparent

They will aim to place the person at the centre of every health care decision



Patients First: Action Plan for Health Care

Access

Improve access - providing faster access to the right care

Connect

Connect services – delivering better coordinated and integrated care in the community, closer to home

Inform

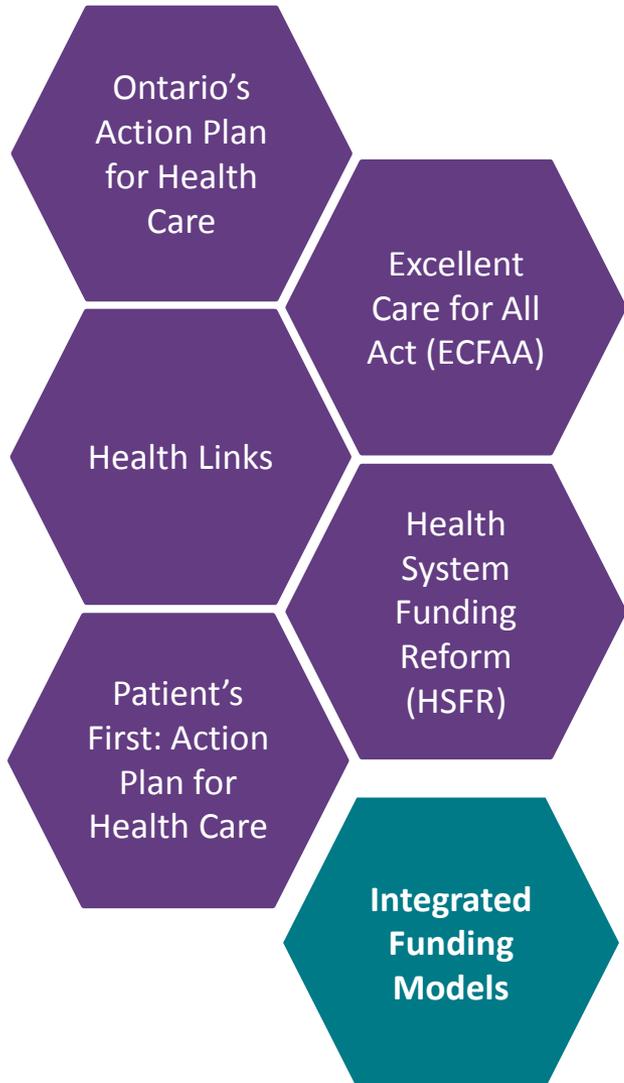
Support people and patients – providing the education, information and transparency they need to make the right decisions about their health

Protect

Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come

The next phase of Ontario's plan for changing our health system reflects our commitment to **put people and patients at the centre** of the system, and focuses on putting patients' needs first.

Testing integrated funding aligns with key policy priority initiatives in Ontario



Action Plan: Putting people and patients at the centre of the system

ECFAA: Strengthening organizational focus and accountability to deliver high quality patient care

Health Links: Focus on Ontario's most complex patients (top 1-5% of users)

HSFR: Will ensure that funding is tied more directly to the quality care that is needed; will drive smarter use of limited resources

Patient's First: Action Plan for Health Care: "Changing funding models is one way we will improve care coordination, because by covering all the steps in the patient's journey (for example, from surgery to home care), we can make the patient's experience more seamless"

Integrated Funding Models: Promote high quality patient-centred care across the care continuum by bundling payment to incent coordination of care and quality outcomes

System goals: Improve integration and care coordination, increase value-for-money, and improve patient care

Integrated funding has been tested in other health systems

- Integrated Funding, often referred to as, “**Bundled Payment**”, “Episode-Based Payment”, or “Case Rate”:

Some examples of bundled payment:

Geisinger Health System (US)

- Redesigned care processes to administer **coordinated bundle of evidence-based best practices**
- Improved clinical outcomes and reduced resource utilization

Aultman Hospital Corporation (US)

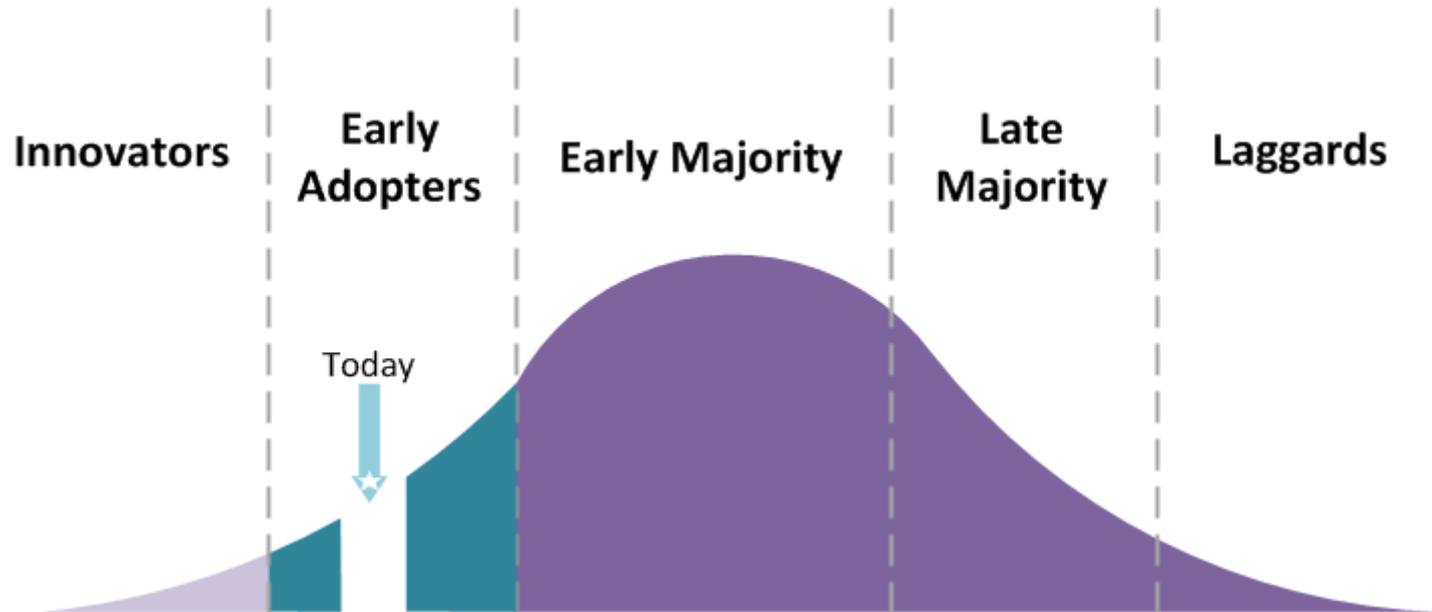
- Bundled services associated with **acute hospital visit** and 90 days **post-discharge** care
- Reduced readmission, prevented complications, reduced financial impact

Prometheus Bundled Payment (US)

- Bundled payment for all care required to treat chronic conditions and deliver procedures as recommended by experts
- Considerable time and effort needed to materialize benefits of payment reforms

Bundled payment is associated with improved clinical outcomes and reduced resource utilization

Sector Leadership and Excellence are Critical



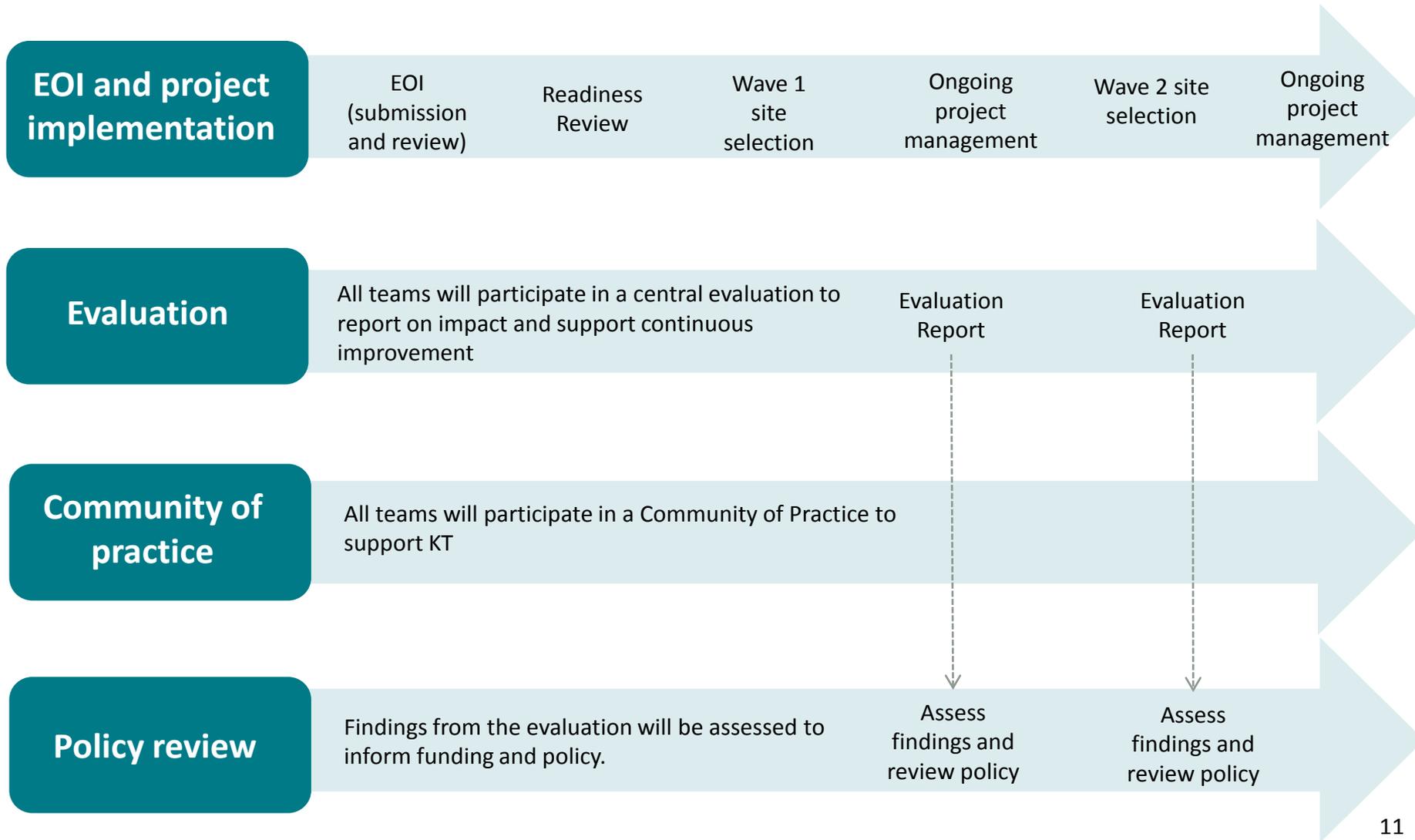
- To bridge from pockets of excellence, existing tools need to be strengthened to support greater spread:
 - **Meaningful patient engagement** to co-design transformation
 - **Expand quality improvement** efforts beyond acute sector
 - **Scale up initiatives** where investments have shown results
 - **Deepen funding reform** and review benefits
 - **Strengthen accountability** agreements and oversight to drive results
 - **Manage pace** of change by ensuring change supports are in place
 - **Leverage champions** from the sector
 - **Position strong leaders** at the forefront who can deliver on the vision

Expression of Interest

Melissa Farrell

Executive Director, Health System Quality and Funding
Ministry of Health and Long-Term Care

Expression of Interest: Setting a framework and creating an environment to support field-driven tests of change



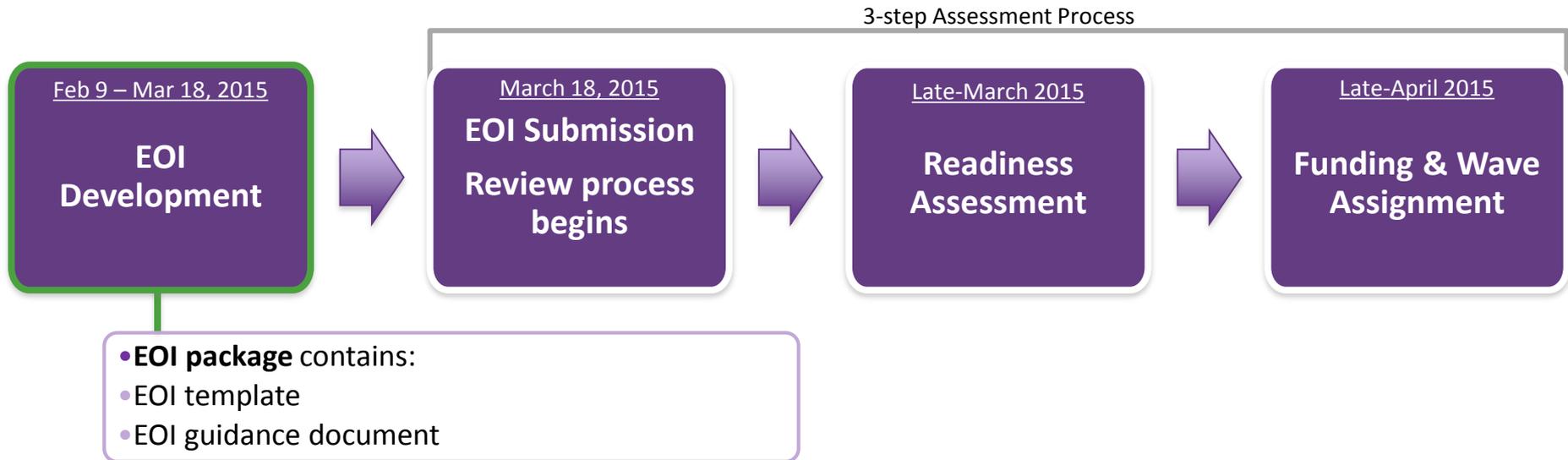
EOI key objectives and outcomes

Objectives	Courses of action
Promote patient-centred care across the care continuum	Through establishing one plan of care that is entirely seamless to the patient
Improve quality and reduce unwanted or unwarranted variation of patient care pathways	Through adopting best practices based on clinical consensus and best available evidence provided by Expert Panels Through introducing outcome-based measures
Improved efficiency	Through more integrated use of resources
Inform policy	Through testing innovative delivery of bundled hospital and community-based care and integrated payment models focused on value

Achieving these objectives is expected to translate to the following **outcomes**:

- Improved quality outcomes for patients (e.g., keeping people at home, reducing ED visits, reducing readmissions, ALC)
- Improved patient, caregiver, and provider experience
- Improved efficiencies and value for money

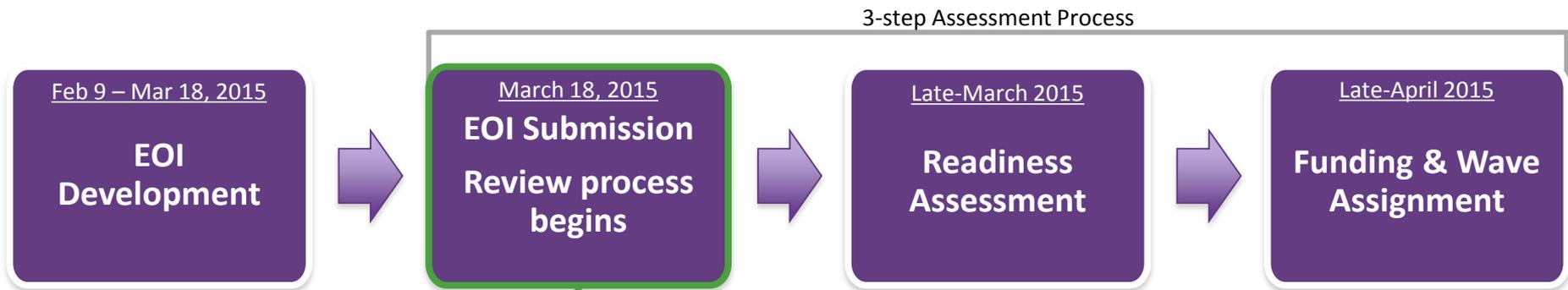
Expression of Interest for Integrated Funding Models



The EOI will address the following components:

- Readiness
- Measuring outcomes
- Commitment to evaluation and KT
- Patient engagement / experience
- Integrated funding
- Clear population / care pathway

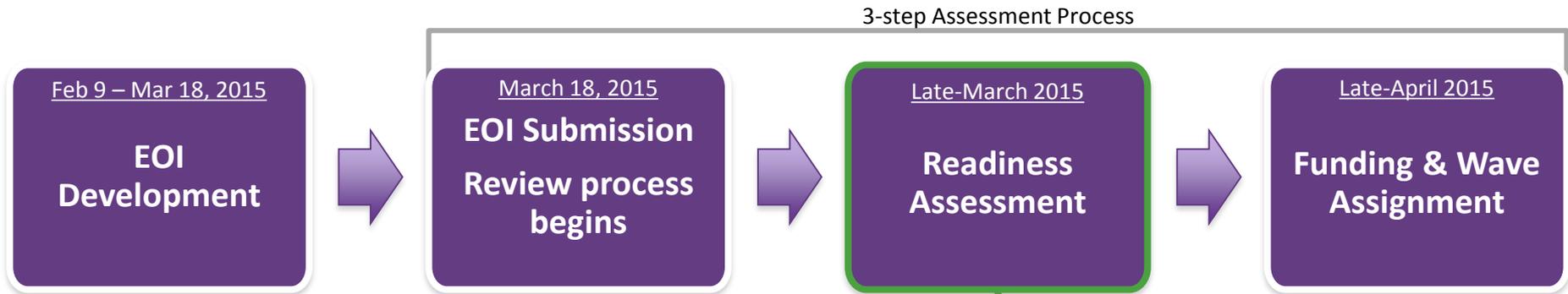
Expression of Interest Review



The EOI will be reviewed on the following criteria:

- Alignment and fit with the vision and objectives
- Capacity for quality improvement
- Buy-in, participation, and engagement across impacted providers
- Evidence basis for patient population and care pathways

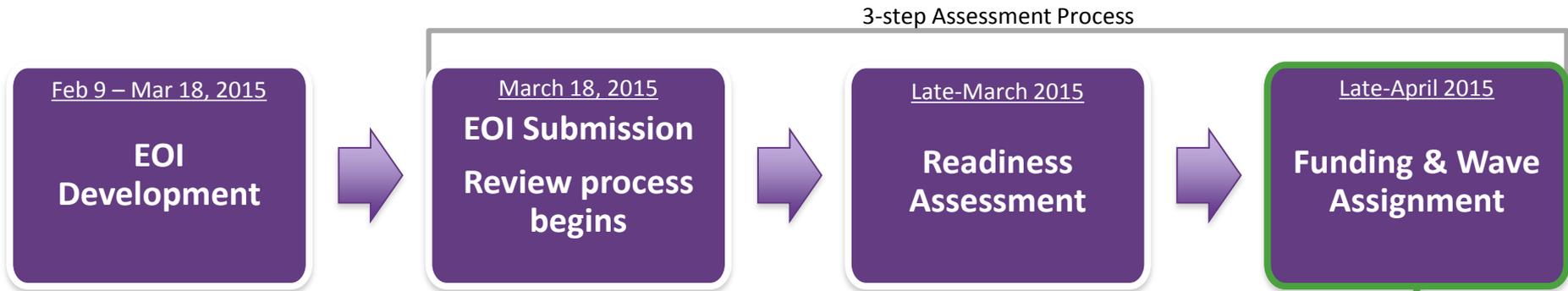
Readiness Assessment



A team (including LHINs, HQO, SJHS, HSPRN, and ministry) will conduct site visits to a short-list of teams to assess in greater detail:

- Ability to collect, analyze, and report on data
- Sophistication with quality improvement methods
- Team structures and member participation
- Governance structure and clinical support

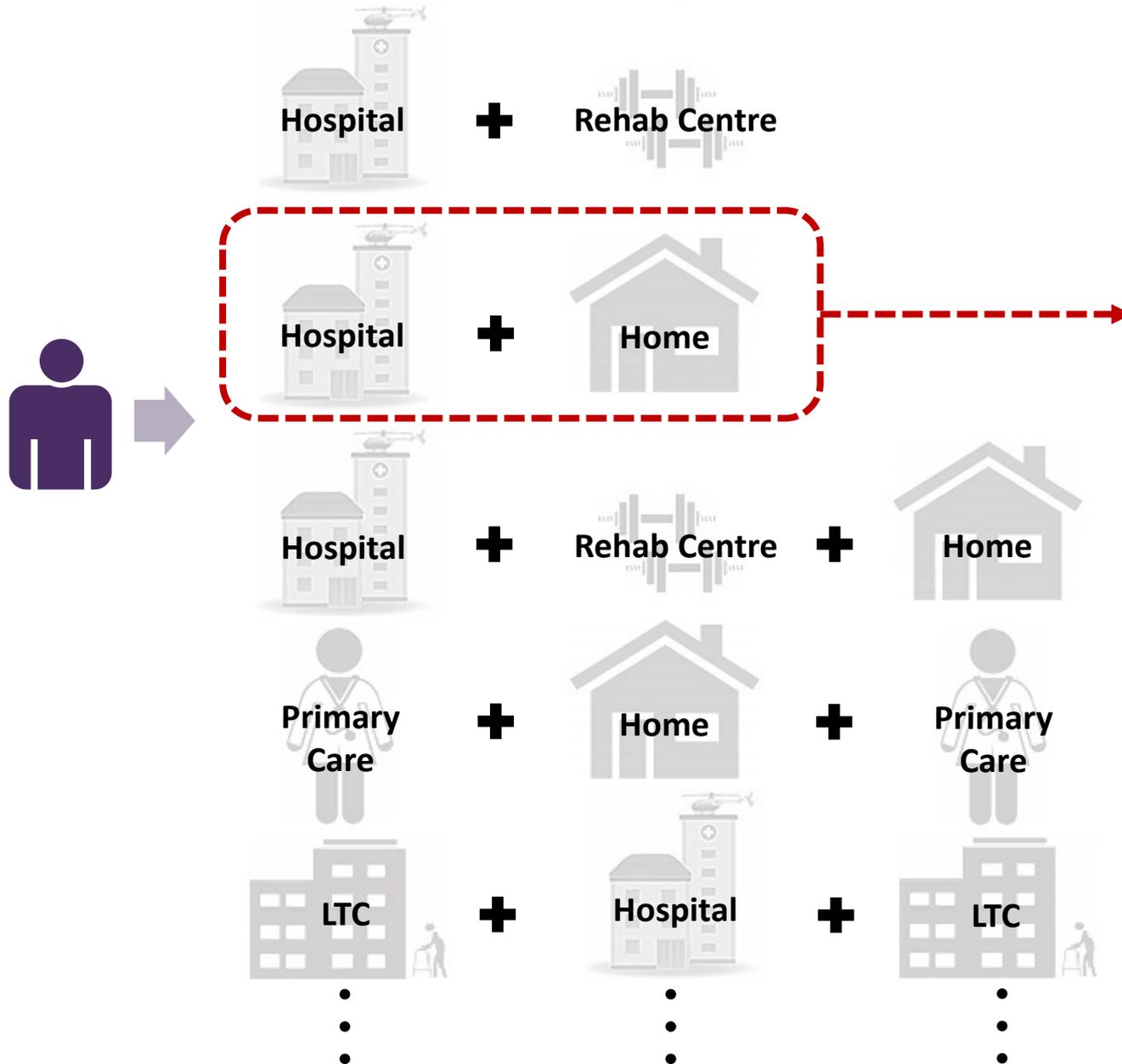
Funding and Wave Assignment



The breadth and scope of all models will be reviewed in totality to ensure:

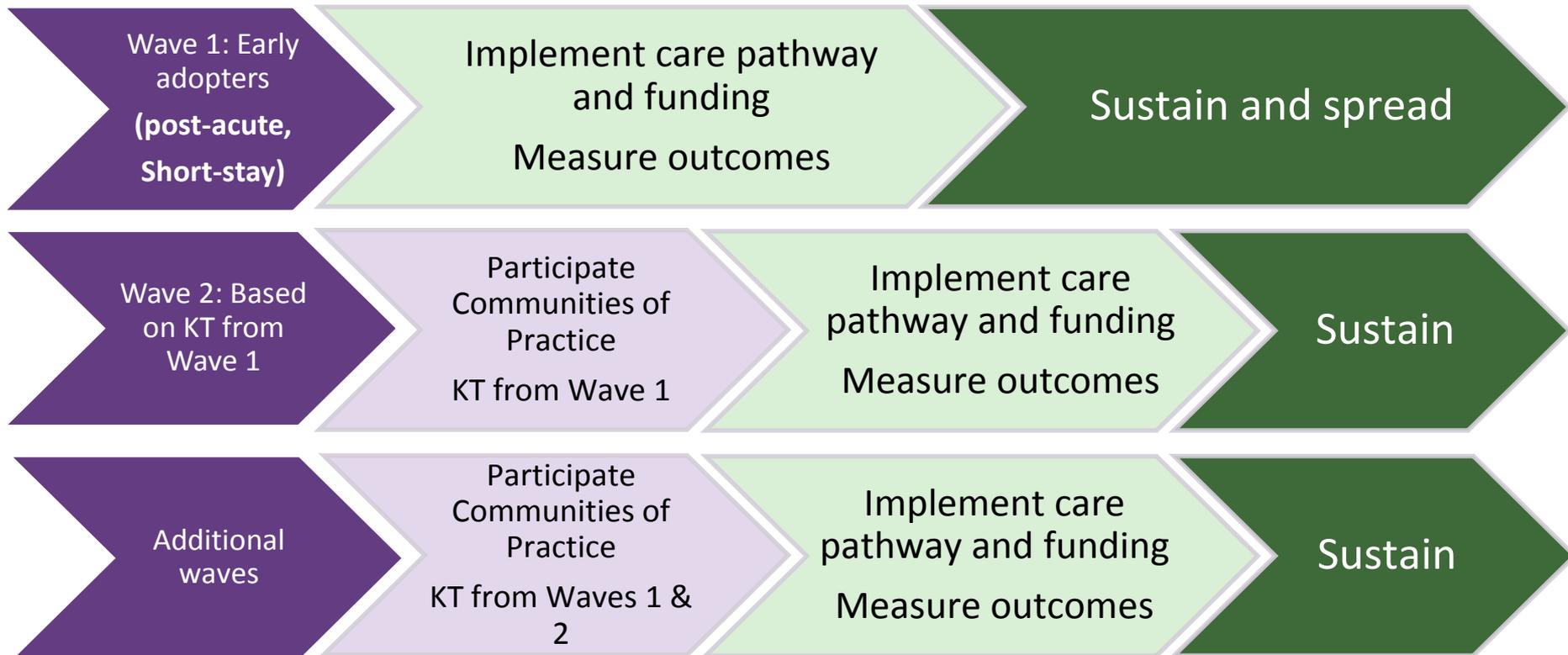
- Representation from all sectors
- Good geographical spread across Ontario

“Bundling” care and funding can take many forms



Although **all care pathways will be considered**, the first wave of models will **prioritize models focusing on the hospital-to-home transition** (i.e., post-acute, short-stay), as this is where Expert Panel reports provide guidance for implementation

Depending on readiness, implementation may be phased via an approach that maximizes KT across sites



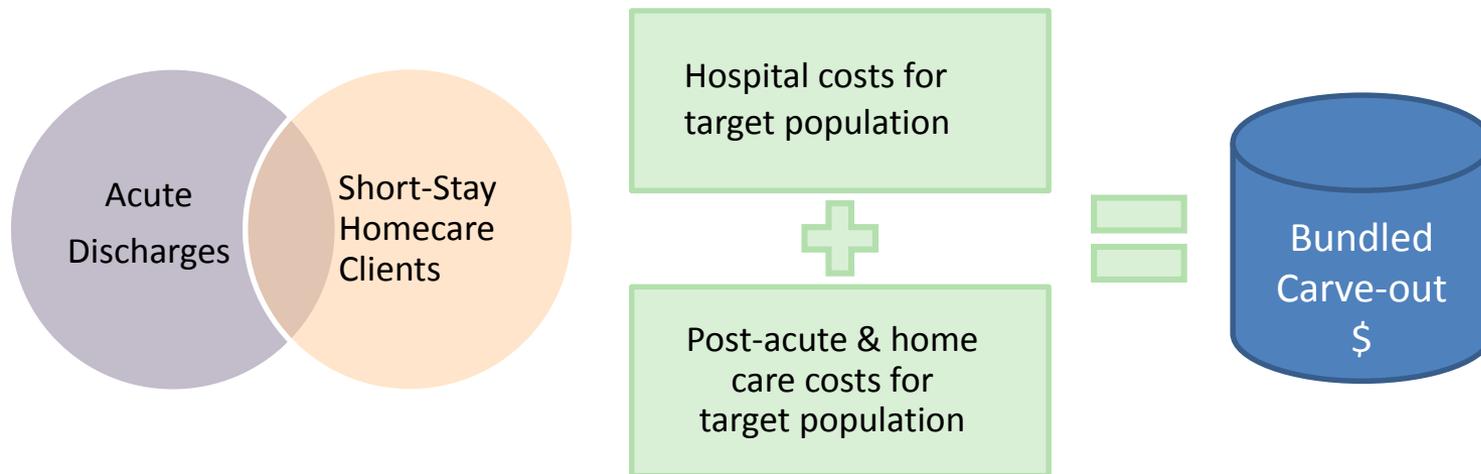
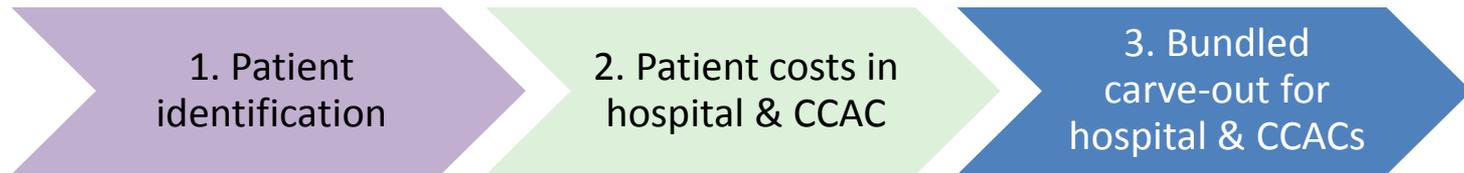
Funding, supports and tools

- Teams will **NOT** be provided with funding to support direct care costs (including care coordination); direct service delivery costs will be drawn from existing funding among the organizations participating
- Teams **WILL** be provided one-time, project-specific, seed funding to coordinate the start-up of their project (up to \$175,000 per team per year)

Additional supports and tools:

- HSPRN* →
- **Central evaluation:** All teams will participate in a central evaluation to report on impact and support continuous improvement
- HQO and partners →
- **Quality improvement (QI) supports:** Teams will have access to quality supports, including site visits to assess readiness, communities of practice
 - **Community of Practice:** All teams will participate in a Community Practice for knowledge translation (KT) activities, including access to evidence-based best practices (from Expert Panels)
- Ministry →
- **Data:** Teams will be provided with costing data and other analytics to support model development and implementation

EXAMPLE of bundled funding – acute to short-stay home care



NOTE: Other care pathways will be considered for future waves

EOI completion and submission process

- Template and guidance document available at:
www.health.gov.on.ca/en/pro/programs/ecfa/funding/ifm/
- For support, contact IFM@ontario.ca
- Completed templates are due to the ministry by **March 18, 2015**
- Please send completed templates to IFM@ontario.ca

Stay tuned... Interactive Q&A sessions are being planned to support EOI development. In the meantime, please send questions to IFM@ontario.ca

Q & A

Panel:

- **Susan Fitzpatrick**, Associate Deputy Minister, Health System Delivery and Implementation, MOHLTC
- **Kevin Smith**, President and CEO, SJHS, CEO, Niagara Health System; Associate Professor, Michael G DeGroote School of Medicine, McMaster University
- **Melissa Farrell**, Executive Director, Health System Quality and Funding, MOHLTC
- **Lee Fairclough**, Vice President, Quality Improvement, Health Quality Ontario
- **Walter Wodchis**, Principal Investigator of the HSPRN; Associate Professor, Institute of Health Policy, Management and Evaluation, University of Toronto