Various views of the same elephant: crossing perceptions of key actors on an integrated local health network for older adults

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1. BACKGROUND

- Québec's government led two important health system reforms in 2004 and 2015.
    - In 2015: merger of all public healthcare organisations under a single governance.
    - Multiple stakeholders are involved at the strategic, tactical and operational level of the implementation of integrated local health networks.
- Integrated Local Health Networks: delivering a comprehensive continuum of care for local populations.
- Few studies explicate and compare the perspectives of stakeholders.

2. THEORY

- Rainbow Model of Integrated Care (Valentijn, 2015)
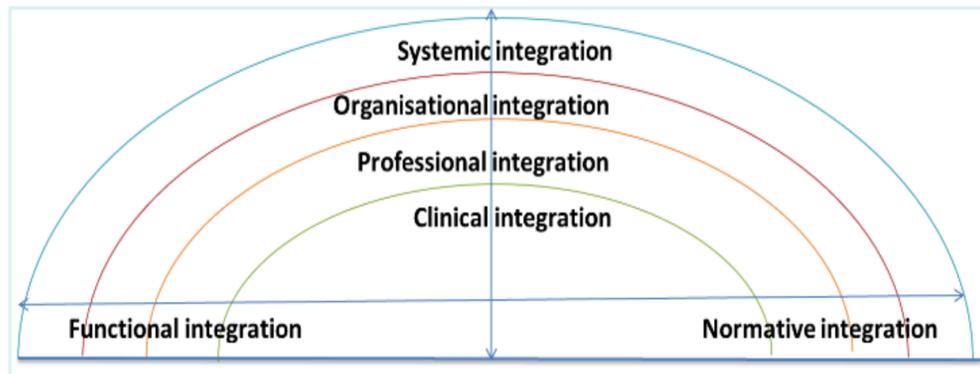
3. OBJECTIVE

- To explore an integrated local health network for older adults according to multiple perspectives: policymakers, managers, providers, patients and caregivers.

4. METHODS

- Multiple case study (Yin, 2003).
- 96 semi-structured interviews with key stakeholders:
    - 11 policymakers,
    - 33 managers,
    - 28 health and social care providers,
    - 14 older adult patients and 10 caregivers.
- Analysis of official documents.
- Data analysis was based on the 59 items of the six dimensions of the Rainbow Model of Integrated Care framework to identify convergences and divergences in the perspectives of the major stakeholders

5. RESULTS

Clinical integration

Component	Policymakers	Managers	Providers	Patients/caregivers
1) Centrality of client needs				
2) Case management				
3) Patient education				
4) Client satisfaction				
5) Continuity				
6) Interaction between professional and client				
7) Individual multidisciplinary care plan				
8) Information provision to clients				
9) Service characteristics				
10) Client participation				
11) Population needs				
12) Self-management				

Organisational integration

Component	Policymakers	Managers	Providers	Patients/caregivers
24) Value creation for organisation				
25) Inter-organisational governance				
26) Informal managerial network				
27) Interest management				
28) Performance management				
29) Population needs as binding agent				
30) Organisational features				
31) Inter-organisational strategy				
32) Managerial leadership				
33) Learning organisations				
34) Location policy				
35) Competency management				
36) Creating interdependence between organisations				

* Similar shades represent similar perspectives, grey colour represents no results.

- Professional, systemic, functional and normative integration: mostly convergent policymakers, managers and providers perspectives; no information from patients and caregivers.

"I already asked for it two years ago and I was refused, that I did not need it. I said "yet", I said "I have trouble walking, I have trouble climbing the stairs". I said "will I have to be on all fours before being able to have a damn wheelchair?" ". Patient 2-003

"Well, in fact, it depends on the user. For example, someone who has cognitive problems, all that, well, I'm going to ... I'm going to do it for the person I'm going to call the family, finally. But often, when the person is able to do his own thing, well, that's what we favor" Provider 1-011

"What I still find is a major challenge: to focus on the patient ... that's really a culture that needs to be strengthened. Our people work by sector, by profession, and we are still very weak at adapting services for the patient ... we ask patients to adapt to services " Policymaker 1-004

"Well, you have to understand one thing: we are not in a management style that promotes innovation. We are in a management style where you will be told what to do, you will do it and you will be accountable". Manager 2-011

"We are given various ministerial orders, we adapt them to our realities, it is innovation." Policymaker 1-009

6. DISCUSSION/CONCLUSION

- All respondents expressed views on the clinical level of integration, making it an important dimension to focus on.
- Views of respondents were often complementary, an added value of a triangulating perspectives.
- Providers appeared as mediators between policymakers/managers on one side and patients/caregivers on the other side.

7. REFERENCES

Valentijn, P., Boesveld, I and al. (2015). Towards a taxonomy for integrated care: a mixed-methods study. International journal of integrated care, 15(1).
Yin, R. (2003). Case study research: Design and methods. Thousand Oaks: California.
Goodwin, N., Kenealy, T. & Wodchis, W.P. (Eds). (2017). iCOACH. Implementing Integrated Care for Older Adults with Complex Health Needs. International Journal of Integrated care. Special collection. Available https://www.ijic.org/collections/special/icoach/

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