Evaluating a New Model of Care and Reimbursement for Wounds in the Community: the Ontario Integrated Client Care Project (ICCP)

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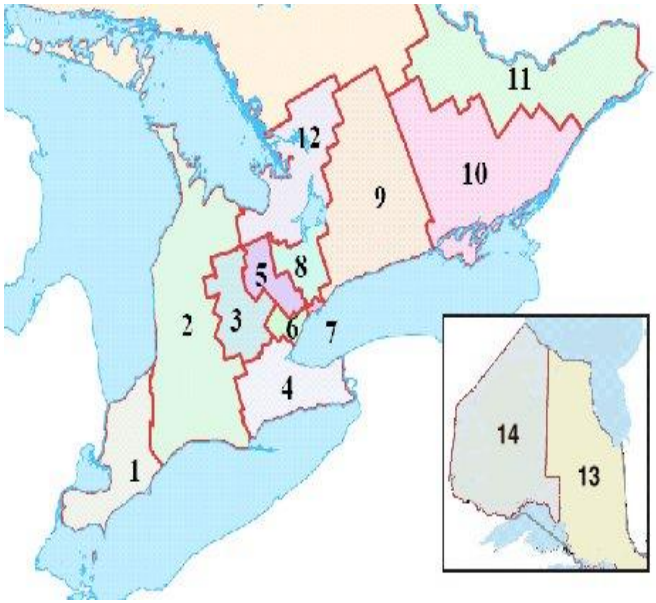
Today's Objectives

- Provide a brief background & context for the ICCP Wound Care Project
- Review the objectives of the ICCP Wound Care Project
- Describe the mixed method evaluation design
- Discuss early results & challenges

The Ontario CCAC System

- Began in 1996, now 14 CCACs organized geographically
- Individuals can either be referred to a CCAC or can contact the CCAC directly for home care service
- Market share based contract system with several Service Provider agencies (VON, St. Elizabeth, etc)
- Funded by the MOHLTC; no charge for services provided by CCACs for eligible clients; intensity & duration of service depends on a client needs
- In 2008/09, CCACs served over 600,000 clients, at a cost of $1.9 billion.
- Wound Care clients represent 30% of business



Integrated Client Care Program

- A multi-year system level improvement initiative introduced to move to more integrated models of care and alternative outcome based reimbursement models within the homecare health sector
- Sponsored by MOHLTC, the OACCAC & the Collaborative for Health Sector Strategy at the Rotman School of Management (U of T)
- To be implemented in 4 patient populations (over time)
  - Wound care, palliative care, medically complex children, & frail elderly

Background

- Based on the theoretical work of Porter & Teisberg (2006) at Harvard
- The overall health system goal must be increased value, not containing costs or increasing access
  - Value can be achieved in publicly funded & administered healthcare systems
  - High-quality care should be less costly
  - Use quality improvement to improve value and make best use of available resources
  - Value needs to be measured and tracked at the client level

Porter, M.E. & Teisberg, E.O. (2006) "Redefining Health Care: Creating Value-Based Competition On Results", Harvard Business School Press, 2006.

Basic Tenets

- **Rewards for providers are based on results**
- **Care & services should be organized around clinical conditions** over the full cycle of care
- The **alignment** of client outcomes with payment incentives **will drive the uptake of evidence based best practices**
- The **organization of care should be regional** not just local
- **Results data to support value-based accountability** must be widely available and tracked at the patient level
- **Innovations** that increase value must be **strongly rewarded**
- **Clients share responsibility** for their care with providers

"Original" ICCP_Wound Intervention (4 CCACs)

- Specialized case management for wounds
- System navigation at the case manager level
- Integration of care by multidisciplinary team in the home
- Outcomes based care pathways (payment for reaching healing milestones)
- Best practice guidelines
- Alternative reimbursement model (bundled by condition)

"Original" Evaluation Plan

- Independent, arms-length evaluation team
  - Awarded through competitive peer review
- Pragmatic, mixed methods design
  - Phase 1
    - Qualitative assessment of current context and initial participant engagement with the ICC project
  - Phase 2
    - Ongoing Qualitative - each CCAC is a case study
    - Pragmatic randomized control trial
    - Evaluation of Team Integration
    - Economic evaluation

	How will we evaluate?	When will we evaluate?
How do and should CCACs and providers implement ICCP? **(Qualitative)**	CCAC, OACCAC, Provider, Client, Caregiver, MOHLTC and other stakeholder interviews	1. Interview before 2. Interview during 3. Interview after
Does ICCP improve client-centred outcomes? (RCT)	RAI-CA, (LOS, 4 and 12 weeks, % healed), Inter-RAI and CHRIS (new) databases at ICES	
Do ICCP teams provide more integrated care? (RCT)	RAI-CA Team surveys	1. Baseline survey 2. 2-month survey 3. 6-month survey
How cost effective is ICCP? (RCT + economic analysis)	ICES/OHIP databases	

Formative Qualitative Research

Objective:

- Identify fundamental contextual factors and key transferable lessons to support the transfer of successful project models.
- Produce information about what has worked well and identify opportunities for improvement in implementation
- Provide a better understanding of the client, program and system level characteristics that underpin successfully integrated health care delivery initiatives.

Methods:

- Ethnographic approach; Key informant interviews, field observation and text analysis

“Original” Randomized Trial

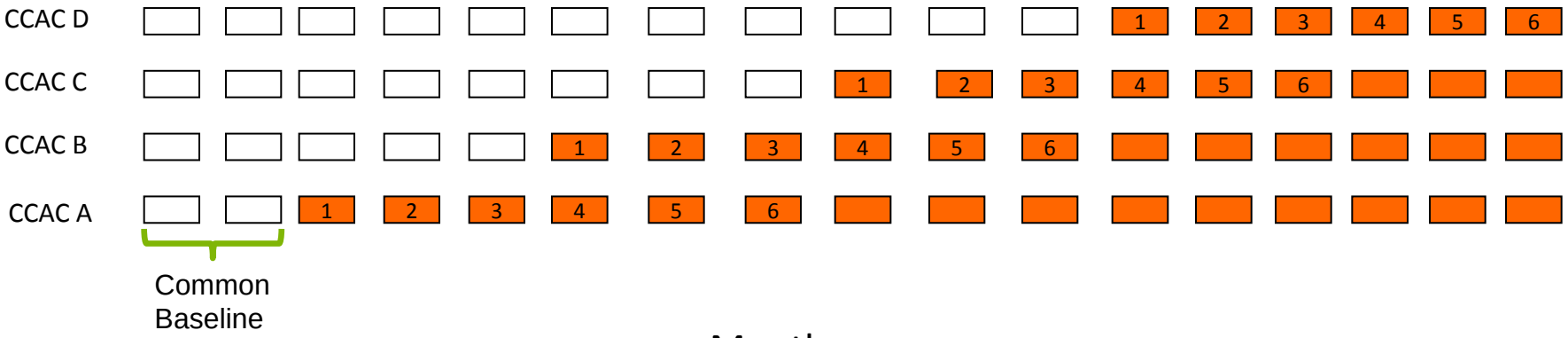
Objective:

- To compare patient centered outcomes such as wound healing rates, length of stay and quality of life of clients treated by providers of ICCP-W, to those of clients treated by providers of usual care, among clients with 9 defined wound types

Methods

- Stepped wedge, cluster randomized trial design
- Administrative data from ICES
- Sample size of approximately 500 patients

Stepped Wedge Design



Clear cells represent control periods;
Shaded cells represent intervention periods

Team Integration Measurement

Objective:

- To quantify the extent, scope and depth of integration among experimental and control providers who provide long term care to persons with wounds;
- To assess the appropriateness of care team membership by comparing client needs to the mix of team members

Methods:

- Integration of Human Services Measure© (Brown et al, 2007)

Economic Analyses

Objective:

- Provide a systematic methodology to quantify value and return on investment from both system and client perspectives and assess the impact of the new bundled reimbursement package

Methods:

- Cost-effectiveness and cost utility analysis
- Health system implication analysis
  - System level changes in overall utilization
  - Cost savings vs. Intervention implementation costs

Early Findings of Evaluation

- Understanding of the organizational structures and behaviors within the home care system which could impact successful uptake
- Significant “mental model” issues with multi-stakeholder approach
- Difficulties with unleveraged position of implementation team
- Need to re-conceptualize key intervention as an audit & feedback mechanism to address risk
- Identification of necessary baseline data sources

Early Challenges Identified

- Difficulty moving from theory to “Intervention”
- Highly complex “system within a system”
- Pre-existing service contract boundaries; constraints of market share system
- Standardization/QI process improvement approach difficult
- Delays in determining the alternative reimbursement package

"Current" ICCP_Wound Intervention

- Expansion to all CCAC's (n=14), 10 wound types
- New implementation team within OACCAC
- Intervention now defined as implementation of "outcomes pathways for wounds", and audit and feedback to CCACs and provider agencies.
- Original components of ICCP_wound intervention highly encouraged, but not mandatory

"Current" RCT Design

- Two- arm pragmatic trial, wait list control
- 7 CCAC's randomly selected to start October 2012, remaining 7 CCACs to start April 2013.

Conclusions

- Pragmatic mixed methods approach crucial for evaluation of complex health service delivery interventions.
- Early qualitative work provided formative insights and allowed early course corrections on all sides.
- Theoretical models difficult to transform into real world interventions.
- Flexibility and responsiveness required for meaningful evaluation.

Thank you.

Additional questions about this project can be directed to Dr. Katie Dainty or Dr Merrick Zwarenstein, co-Primary Investigators at

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