

A Cross-Case Analysis of the Implementation of Integrated Care for COPD

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Introduction

Chronic disease is the leading cause of death world wide¹. Managing complex chronic disease requires access to health services across the care spectrum and places significant economic burden on health systems².

Chronic disease management requires an integrated approach to care that is not always feasible due to the fragmentation of the current health systems³⁻⁵. Team-based models are a promising approach to closing gaps in chronic care delivery.

- Team based care:
- Provides high quality, coordinated, patient centered care
 - improves population health⁶ and patient outcomes

Our Objectives

1. Identify characteristics of successful teams
2. Create a description of integrated teams to support the development, maintenance, and sustainability of other teams

Studying the implementation of two integrated care teams' chronic disease approaches will help future integrated care teams in refining their intervention design and implementation.

Methods

- Mixed-methods multiple-case study design

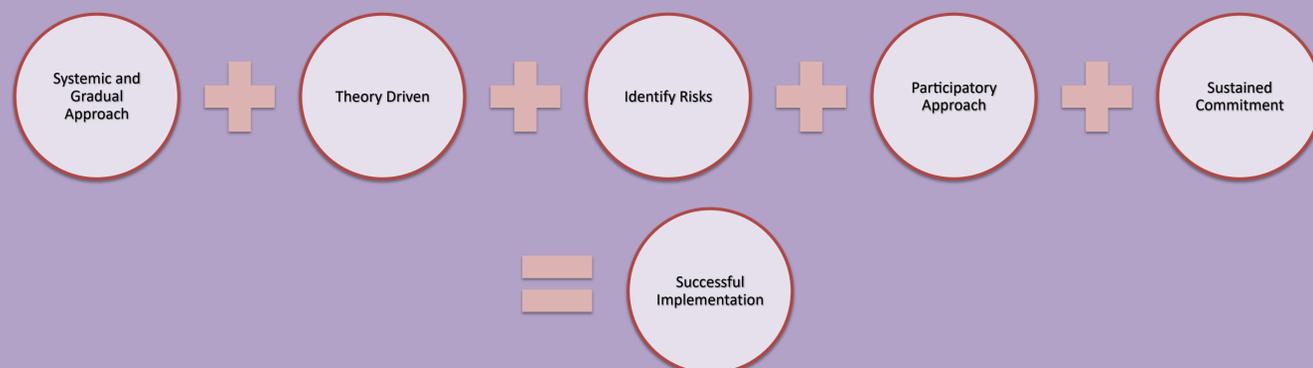
Data Collection:

- Multiple data types used: focus groups, interviews, observations, environmental scan, team mapping, surveys.

Data Analysis

- Cross case analysis
- Iterative analysis
- Coding performed by 2 researchers individually and in aggregate.
- Informed by theory: Kompier's 5 Factors for Implementation Success

Kompier's 5 Factor Theory



Results

Team A – Successful Implementation	Team B – Unsuccessful Implementation
Made up of physicians, nurses, and respiratory therapists	Made up of physicians and nurses
40 participants	7 participants
Data collected: 28 surveys, 7 focus groups, 25 documents.	Data collected: 6 surveys, 3 interviews (4 with providers and 2 with patients), 30 documents.

Theoretical Factor	Team A	Team B
Systemic and gradual approach	Dedicated time to planning and implementation. Able to adapt to changes within the healthcare system.	Adapted to the changes and dedicated time to planning and discussing.
Theory driven	Aligning theory with implementation, all team members need a common understanding and belief of stated theory.	More stringent and aggressive timeline, less flexible.
Identify risks	Implemented a theory-in-use.	Team B was theory planned, had clear espoused theory.
Participatory approach	Risks: funding, naysayers, the larger system, communication among stakeholders, and people who felt their opinion was superior.	Had plans to mitigate risk.
Sustained commitment	Interdisciplinary approach was required. People felt they did not play a meaningful role in the large team, were included solely to collect their data, or did not receive enough compensation.	Poorly anticipated risks.
	Continuous growth of the team and leadership shared amongst those involved.	Sought participants' opinions in creating care plans.
		Integrated planning, although not all key stakeholders were engaged in planning.
		Did not actively participate in implementation.

Conclusion

- Both teams met the five factors, Team B experienced failed implementation, Team A succeeded.
- Success was dependent on the implementation process and the plan in action.
- Researchers learned the importance of:
 - networking to find the right people and creating links between networks
 - buy-in and support from individuals and leaders
 - knowing, wanting, and planning for sustainability, scale, and spread.
- Teams and team-based care when they perform well, meet the demands of the system, the provider, and the patient.
- For organizations to advance, members need to develop a culture that reflects responsibilities, procedures, and decision-making.

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