MAKING WAY FOR INTEGRATED ACCOUNTABLE CARE IN ONTARIO: ENABLERS AND CHALLENGES OF IMPLEMENTATION

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CONTEXT

The purpose of this report is to support policy makers, payers, and health organizations who are considering implementation of an accountable care system (ACS) in Ontario to address persistent issues of rising costs and quality and fragmentation of care. This report expands on recent examinations of the component features and evidence of performance of accountable and integrated care organizations in countries around the world.

OBJECTIVES

We undertook a rapid review of the literature to better understand the scale and scope of organizational changes that may be required, the potential challenges and key enablers such as policy and regulatory considerations that may be necessary if Ontario were to build an accountable and integrated care system. This report broadly considers an ACS as an integrated system of care where patients are actively involved in the design and process of care and services, and providers are remunerated based on the value of care and services they provide to their patients.

METHODS

Our rapid review specifically focuses on structural and operational aspects of implementation of accountable care, including organization and delivery of care and services across the continuum of care, population health management, patient and provider engagement, payment, financing, and contracting, quality and value, and use of new technologies. Our review informs the discussion of applicability of ACSs to Ontario by describing implementation of accountable care in contexts such as Germany, the Netherlands, the UK, New Zealand, Spain, and the US.

FINDINGS

An essential element of all ACSs is strengthening primary health care and improving the interface between primary care and other providers across the care continuum. ACSs differ in their approach to care integration, governance structures, contracting models, funding and payment mechanisms, incentives, target populations, interventions, and level of engagement with patients and communities. The importance of local factors is particularly apparent in successful implementation of accountable care in the international context with emphasis being placed on prevention and a social support system. Although diverse and context-driven, ACSs experienced common challenges such as 1) improving population health; 2) embracing a value-based philosophy of care and clash of cultures; 3) addressing the lack of information technology and timely data; 4) addressing population assignment and patient engagement; 5) shifting to a value-based payment system; and 6) sustaining accountable care over time. They were also supported by a set of key enablers: 1) aligning public health and social care interventions with delivery system redesign; 2) introducing supportive policies at a macro-level; and 3) leveraging strength, knowledge, & experience. While not explicitly discussed in many articles, trust is an essential underpinning element of successful collaboration. Therefore, we highlight trust as a key enabler.

CONCLUSIONS

Considering ACSs as a philosophy of care with diverse implementation approaches rather than as a fixed model is important when considering their applicability to Ontario, as the development, implementation, and success of ACSs is variable and context dependent. This underlying philosophy of integrated and accountable care can be transferred between health systems with each system determining the best organizational structure to support accountable care in its context. In light of these findings, we used a strength-based approach to highlight the opportunities that exist in Ontario's health system to support the philosophy of accountable care, considering how international challenges and enablers relate to Ontario. While ACSs are not a panacea for short-term financial gain, development of these models is an important step toward a more integrated and population-based health-oriented system of care.

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