IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Submission to the Department of Health Public Consultation on Geographic Alignment of Community Healthcare Organisations and Hospital Groups – Towards a Model of Integrated Person-centred Care

October 2017

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Section 2: Importance of Geographic Alignment of CHOs and Hospital Groups

Q4 In your opinion, what are the **main principles** that should guide the process of geographically aligning Hospital Groups and CHOs?

(You can select more than one)

X Delivery of safe, quality healthcare for patients (1)

X Ensuring more efficient use of resources (2)

X Establishing a clear line of accountability (3)

X Achieving effective integration of healthcare (4)

X Ensuring services are organised around population needs (5)

X Achieving necessary change and avoiding unnecessary disruption (6)

☐ Maintaining public confidence in the health service (7)

☐ Improving decision making (8)

☐ Developing clinical leadership (9)

☐ Other (please provide details) (10)

_____

Q5 In this question we ask you to consider the benefits of geographic alignment for future health service delivery.

Please indicate how much you agree or disagree with each of the following statements:

Geographic alignment will ...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... enable and support integrated care (1)	○	○	○	○ X	○
... enable and support population-based healthcare delivery (2)	○	○	○	○ X	○
... enable and support population-based data analytics (3)	○	○	○	○ X	○
... enable and support performance assessment and management (4)	○	○	○ X	○	○
... enable and support coordination of services in health and social care (5)	○	○	○	○ X	○
... facilitate effective cooperation with other state agencies/service providers (6)	○	○	○ X	○	○
... enable and support better planning (7)	○	○	○	○ X	○

Q5.1 Are there other benefits of geographic alignment for future health service delivery that you would like to add?

xYes (1)

○ No (2)

Q5.2 If yes, please provide further information on the other benefits of geographic alignment that you would like to add.

Some geographic alignment will also support administrative efficiencies and improved governance._____

Q6 What, in your opinion, are the **main advantages** of geographic alignment of Hospital Groups and CHOs?

(you can select more than one)

- [ ] Allows for integration of services (1)
- [ ] Greater accountability (2)
- [ ] Improved healthcare outcomes (3)
- [ ] Greater clinical leadership (4)
- X More efficient use of resources (5)
- [ ] Greater visibility for performance (6)
- [ ] Allows for greater focus on health outcomes (7)
- X Allows for population-based resource allocation (8)
- X Allows for population-based health planning (9)
- [ ] Ensures coordination between different care sectors (10)
- [ ] Allows for better financial decisions (11)
- [ ] Supports integration of data (12)
- [ ] Allows for greater comparability (13)
- [ ] Other (Please specify) (14) _

_____

- [ ] No advantages (15)

Q7 What, in your opinion, are the **main disadvantages** of geographic alignment of Hospital Groups and CHOs?

(you can select more than one)

X Disruption to current structures (1)

X Potential breakage of links between services within CHOs (2)

X Disruption to services provided (3)

☐ Disruption to relationships between healthcare areas and academic institutions (4)

☐ Administrative burden (5)

☐

X Potential breakage of links between hospitals currently linked (6)

X Associated cost of changes (7)

☐ Alignment should be on basis other than geography (e.g. with universities) (8)

☐

X Organisational healthcare structures are not very relevant to care delivery (9)

X Other (Please specify) (10)

While there is room for some geographic alignment of hospitals and CHOs, the evidence that full geographic alignment is possible or will support integrated care is poor. There is a danger that a major overhaul to align hospital groups and CHOs will likely cause substantial disruption to acute and community services without any major advantages to be gained. A flexible approach is required where there is good evidence for alignment.

☐ No disadvantages (11)

Q7.1 Considering all the advantages and disadvantages, how strongly do you agree with the following statement:

*The advantages of geographic alignment of CHOs and Hospital Groups **outweigh** the disadvantages.*

- ○ Strongly Disagree (1)
- ○ Somewhat Disagree (2)
- ○ Unsure (3)
- X Somewhat agree (4)
- ○ Strongly agree (5)

Section 3: How to Achieve Geographic Alignment of Hospital Groups and CHO

Q8 In your opinion, what level of importance should be placed on the following **organisational factors** to inform any plans to move to geographic alignment of Hospital Groups and CHOs?

(Tick each of the items below)

	No importance (1)	Little importance (2)	High importance (3)	Extremely high importance (4)	**Don't know** (5)
The organisation of existing Community Healthcare Organisations (CHOs) (1)	○	○ X	○	○	○
The organisation of existing Hospital Groups (2)	○	○ X	○	○	○
Aligning with county boundaries (3)	○ X	○	○	○	○
Existing links between hospitals and universities (4)	○ X	○	○	○	○
Existing administrative history (5)	○	○	○	○	○ X

Q9 In your opinion, what level of importance should be placed on the following **service provision factors** to inform any plans to move to geographic alignment of Hospital Groups and CHOs?

	No importance (1)	Little importance (2)	High importance (3)	Extremely high importance (4)	**Don't know** (5)
Existing patient flow patterns (1)	○	○	○	○ X	○
Patient travel times and transport links (2)	○	○	○	○ X	○
The population size/density of an area (3)	○	○	○	○ X	○
The range of health services in an area (4)	○	○	○	○ X	○

Q10 Are there other important factors that should inform any plans to move to geographic alignment of Hospital Groups and CHOs?

X Yes (1)

○ No (2)

Q10.1 If yes, please provide further information on the other important factors that should inform a move to geographic alignment of Hospital Groups and CHOs.

It is important that the international evidence-base informs any plans to move to geographic alignment of Hospital groups. The stated goal of geographic alignment as per the Sláintecare Report is to support the delivery of integrated care. There is some logic in improving geographic alignment with a view to creating administrative efficiencies, stronger regional governance and to support population health planning. Geographic alignment may support integration of some services, however, the evidence that full geographic and structural alignment is achievable or will drive integrated care is poor.[1] Evidence from Canada shows that five years after the development of Local Health Integration Networks in Ontario in 2006, serious problems with how patients move through the healthcare system from the Emergency Department to the hospital to long-term care persist. While there were some notable successes in relation to homecare and cancer services, the results of ongoing monitoring and measurement revealed that the health system continues to function in silos.[2]

On the other hand there is significant evidence that key enablers to integrated care include the effective use of information and communication technology, appropriate standardisation of care through the implementation of clinical guidelines, incentives for the management of chronic disease and effective management and allocation of resources.

Effective use of information and communication technology and investment in a secure national system of electronic health records (EHRs).

Information and communications technology (ICT) is widely considered a key tool for supporting integrated health care systems, facilitating the “seamless” transfer of patients between clinical settings and enhancing patient safety and quality of care, by reducing repetition and errors in diagnostics and treatments. The collection of data also allows for the advance of medical knowledge, management of disease and health service planning. Challenges can arise if issues relating to patient confidentiality, security and the secondary use of information are not sufficiently addressed or if new systems are not capable of capturing clinically relevant information, cannot be easily embedded into existing ICT systems and add to the administrative workload of doctors.

The Government must ensure ring fenced funding is provided to support the roll-out of a secure national system of electronic health records (EHRs). Funding for EHRs must not be diverted from patient care. Legal clarity around patient confidentiality and the secondary use of patient data is required through Health Information and Patient Safety legislation. New ICT systems must easily embedded into existing ICT systems and not add to the administrative workload.

[1] Pike B and Mongan D, The Integration of Health and Social Care Services, Health Research Board, February 2014 p. 93

[2] Darker C. Integrated Healthcare in Ireland –A critical analysis and a way forward – The Adelaide Health Foundation 2014)

Appropriate standardisation of care through development and resourcing of clinical care programmes and pathways

Clinical guidelines and care pathways, such as those developed by the HSE Clinical Care Programmes and Care Pathways contribute to integrated care by improving and standardising care across services and sites and defining roles and responsibilities of different healthcare professionals within their particular domain of competence.[3] Strong leadership and clinician engagement (across health professionals) in the process are essential in their successful development.

There is, however, a danger that, due to resource constraints or the time lag involved in the gathering of evidence and incorporating it into formal quality assured clinical guidelines, that guidelines may not be up to date nor result in the optimal clinical outcome. Clinical guidelines are also usually disease focused and thus designed to be applied to population groups with similar morbidity. As a result, they may not factor in co-morbidity or the impact of individual patient characteristics or choices.

The development of clinical guidelines must reflect international best practice, must be appropriately resourced and flexible to meet individual patient needs and choices.

Effective allocation and management of resources based on demographics and socio-economic need.

Integrated care systems can enhance quality of care and patient outcomes and have the potential to reduce costs. However, it is not possible to integrate services that do not exist. Integrated care will not resolve inadequate resourcing of services and new activities cannot successfully be integrated without an increase in resources[4]. While it is expected that integrated care systems can lead to both administrative and clinical cost savings in the long run, integration processes may not be achievable without additional initial investment before any savings become apparent. [5] Currently there are wide disparities in both the availability and eligibility of services across Community Health Organisations.

Integrated health services requires integrated manpower and capacity planning and the provision of appropriate capital and operational resources based on demographics and socio-economic need.

Resources for the Management of Chronic Disease in General Practice

In 2017, over half a million people in Ireland have at least one chronic condition and in 2015 chronic disease accounted for 41% of all hospital bed days and 16.5% of hospital discharges. With appropriate resources allocated to General Practice and care in the community, patients with chronic conditions can be better managed in General Practice

[3] Suter E. Oelke N.D. Adair C.E. Armitage G.D. Ten key Principles for Successful health Systems Integration, Healthcare Quarterly 2009 13 Special issue 16-23
[4] World Health Organization, Integrated Health Services – What and Why? – Technical Brief No. 1. WHO Geneva. 2008 Downloaded from http://www.who.int/healthsystems/technical_brief_final.pdf
[5] ibid

where evidence shows that the patient-centred approach and continuity of care in General Practice is associated with better health outcomes, reduced inequalities in health, more appropriate utilisation of services, and long-term cost effectiveness by reducing future demand on the hospital system. [6] [7] [8]

Appropriate resources must be urgently provided to support GP-led chronic disease management programmes.

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Q11 In your opinion does geographic alignment of Hospital Groups and CHOs mean that every CHO needs to map **one-on-one** with a specific Hospital Group?

(For example, every Hospital Group could be aligned with one CHO, alternatively a Hospital Group could be aligned with more than one CHO or one CHO could be aligned with more than one Hospital Group.)

○ Yes (1)

X No (2)

○ Not sure (3)

Q11.1 Please provide details to help us understand the reasons behind your answer on whether Hospital Groups should map one-on-one with a specific CHOs.

The reconfiguration of Ireland's forty-nine public hospitals into six hospital groups announced in 2013 is still on-going. The groupings are designed to provide for greater specialisation and with complex services concentrated within larger Model 4 and Model 3 Hospitals while more routine care is to be provided in smaller Model 1 and Model 2 hospitals. Each group is also aligned with a major academic institution. Hospital groups

[6] Starfield B. Shi L and Macinko J, Contribution of Primary Care to Health Systems and Health. The Milbank Quarterly, Vol. 83, No. 3, 2005 (pp. 457–502)
[7] Atun R, What are the Advantages and Disadvantages of Restructuring a Health System to be More Focused on Primary Care Services? Copenhagen, WHO Regional Office for Europe, Health Evidence Network report ; January 2004
[8] Kringos DS et al, The Strength of Primary Care in Europe, NIVEL 2012

serve approximate populations and it is not possible to put a geographic boundary on a hospital group. In reality there may be a number of reasons why patients may choose a hospital that is not within the geographical boundary where they reside, such as distance to travel or waiting times for an appointment. Equally hospitals do not refuse to treat patients just because they do not reside within the catchment area.

The reconfiguration of the seventeen integrated service areas into nine community health organisations with approximately ninety local primary care networks also began only recently in 2014 and was based on widespread consultation, evolving historical arrangements and a review of international experience. There is widespread variation in services and entitlements across CHOs and disruption to services is on-going.

Some hospital groups deal with up to five CHOs and there is some logic in improving geographic alignment with a view to creating administrative efficiencies, stronger regional governance and to support population health planning. Geographic alignment may support integration of some services. Some evaluation of the existing Hospital groups and CHO's is needed and a flexible approach is required where there is good evidence for alignment.

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Q12 The SláinteCare Report proposed a phased approach to any changes of existing structures, with geographic alignment of Hospital Groups and CHOs first, followed in time by integration into regional integrated care organisations.

What, in your opinion, is the best approach?

- ○ Do not implement geographic alignment (1)
- ○ Implement geographic alignment only (2)
- ○ Implement geographic alignment followed by integration into regional integrated care organisations (3)
- ○ Implement geographic alignment and integration into new regional integrated care organisations at the same time (4)
- X Other (please provide details) (5)

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Q12.1 Please provide brief details to help us understand the reasons behind your answer on the best approach to changing existing structures.

As mentioned above there is little evidence to suggest that the full geographic and structural alignment of Hospital Groups and CHOs is possible or necessary to deliver the goal of integrated care. There is some logic in improving geographic alignment with a view to creating administrative efficiencies, stronger regional governance and to support population health planning. Geographic alignment may support integration of some clinical services. Some evaluation of the existing Hospital groups and CHO's is needed and a flexible approach is required where there is good evidence for alignment.

The IMO recommends that in order to support the goal of integrated care, priority should be given to investment in:

- The effective use of information and communication technology, in particular urgent investment is required in a secure national system of electronic health records (EHRs).
- Appropriate standardisation of care through the development and resourcing of evidence-based clinical programmes and care pathways
- Effective allocation and management of resources based on demographics and socio-economic need.
- Resources for the Management of Chronic Disease in General Practice

Q13 In view of other advances in the healthcare sector, **when** should a move towards geographic alignment begin? Please explain your answer.

Some evaluation of existing hospital groups and CHOs should take place in order to identify opportunities for greater administrative efficiencies, improved governance arrangements and to support population health planning. Geographic alignment may support integration of some clinical services. There is a danger that a major overhaul to align hospital groups and CHOs will likely cause substantial disruption to acute and community services without any major advantages to be gained. A flexible approach is required where there is good evidence for alignment.

Section 4 Towards Integrated Health and Social Care - Opportunities for the Future

Q14 In the SláinteCare Report, geographic alignment of Hospital Groups and CHOs is part of a process of achieving integrated health and social care delivery. Internationally, where health and social care is delivered by regional integrated care organisations, the ‘basket of services’ that an organisation is held responsible and accountable for can vary. In almost all instances these organisations have responsibility for integration of hospital care, primary care, home care, community care, and residential long-term care. In some, but not all instances, the 'basket of services' includes public health, mental health and disability services. Responsibility for drugs and medicines purchasing often sits outside the scope of these organisations.

Considering the recommendations in the SláinteCare Report and the move towards integrated care, in your view, what services should regional integrated healthcare organisations be responsible and accountable for?

(you can select more than one)

- [ ] Hospital care (1)
- [ ] Primary care (2)
- [ ] Home care (3)
- [ ] Community care (4)
- [ ] Residential long-term care (5)
- [ ] Public health (6)
- [ ] Mental health (7)
- [ ] Disability services (8)
- [ ] Drugs and medicines purchasing (9)
- [ ] Other (specify) (10) Currently the provision of community health and social care in Ireland is a post-code lottery with wide variation in both services available and entitlements across CHOs. It is vital that the provision of care and eligibility is

standardized across CHOs. Healthcare planning across hospital groups and CHOs must be based on demographic and socio-economic needs. _____

☐ Don't know (11)

Q15 Please provide any other views on the 'basket of services' that regional integrated care organisations should be responsible and accountable for.

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Q16 Aligning geographic health and social care boundaries with other recognised boundaries (such as counties), might present valuable opportunities to consider healthcare in the context of other sectors, information systems, services, and wider social and economic issues.

Please provide your views on the potential opportunities.

There is no advantage in aligning health and social care boundaries to county boundaries that were established in the 16th century and do not reflect current population spread.

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Q17 All things considered, how strongly in favour of geographic alignment of CHOs and Hospital Groups are you?

- Strongly against (1)
- Somewhat against (2)
- Unsure (3)
- X Somewhat in favour (4)
- Strongly in favour (5)

Q17 Before you finish this Consultation Questionnaire, please include any additional views you may have on geographic alignment of CHOs and Hospital Groups.