Clinical Integration Through Centralisation and Merger: Promises and Potential Pitfalls

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Bill 10: The Promise

• Improve the accessibility of services
• Improve the quality and safety of services
• Increase efficiency

Through
• Merger of establishments
• Centralisation of administrative structures

Sources: Contandriopoulos D, Perroux M, Brousselle A, Breton Mylaine. Analyse logique des effets prévisibles du projet de loi n°10 et des avenues d'intervention souhaitables. Montréal: Institut de recherche en santé publique Université de Montréal; 2014. 22 p.
Mémoire à la commission de la santé et des services sociaux sur le projet de loi 10. Montréal: Département d'administration de la santé, École de Santé Publique Université de Montréal; 2014. 30 p.
Mergers: Evidence from England

• Non-linear inverse relationship between size of merger and cost savings
  • Optimal below 200 beds
  • Plateau at 400 beds (~3,000 employees; 100,000 population)
  • 600+ beds more costly

• Improvement in quality only for low volume services

• Cultural differences between establishments an unforeseen barrier to integration

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Clinical integration: Intermountain

- **Focus:** Care delivery process management and standardization
- **Lessons learned**
  - Initiatives and changes were led largely by physicians
  - Focus on clinical processes and outcomes rather than location of care
  - Developed and adopted measurement standards and indicators for guideline adherence
  - Unique clinical management structure: part-time physician leaders teamed with full-time nurse administrators (within geographic regions)

Sources:
Clinical Integration: VA Health System

• Focus: Transition from a hospital system to a health care system requiring coordination between facilities, variety of resources and provision of care in various environments

• Lessons learned:
  • Ongoing measurement and public reporting of key health care process and outcome indicators.
  • Links between senior management compensation and indicator-based performance.
  • Centralized and computerized patient record system.
  • Integrated evidence-based clinical guidelines and automated tools to support standard and quality care among physicians and health care providers.

Bill 10: Promise and Potential Pitfalls

Principles for successful integration (Armitage 2009)

1. Comprehensive services across the continuum of care
2. Patient Focus
3. Geographic coverage and rostering
4. Standardized care delivery through interprofessional teams
5. Performance management
6. Information Systems
7. Organizational culture and leadership
8. Physician integration
9. Governance structure
10. Financial management