

The influence of integrated home and community care programs on Quadruple Aim and Health Equity outcomes across the health care system

Health system transformation requires an understanding of how each sector interacts and influences other settings and the broader system. As Canada looks to transform health care to better meet the needs and preferences of its aging population, it is crucial to understand the influence of integrated home and community care programs on the health system.

“Applying the Quadruple Aim and Health Equity framework as a common language for consolidation of published evidence on integrated home and community care programs will illuminate existing successes, gaps and opportunities for health system change that are dependent on multi-sector collaboration and result in positive outcomes across the continuum.”

– Dr. Justine Giosa, Executive Director and Scientific Director, SE Research Centre



Project Overview

As Canada’s aging population continues to grow, population care needs are shifting. Systems designed to address short-term, acute care needs are challenged with supporting an increasing number of people requiring continuing care for chronic and medically complex conditions.¹ Increasingly, countries with publicly funded health systems, such as Canada, are recognizing the need to transform their health and social care systems to ensure their citizens receive the right care, at the right time, in the right place, and optimize use of available resources. Expansion of home and community care has been identified as a key facilitator of system transformation, meeting clients’ medical, functional, cognitive, and psychosocial care needs while simultaneously supporting widespread preferences to live, age, and receive care at home.¹

According to the Quadruple Aim,² an internationally recognized health system improvement framework, transformation efforts and initiatives should focus on four key domains necessary for quality care and optimal health system performance including:

1. Population health;
2. Patient and caregiver experience;
3. Provider experience; and
4. Value.

More recently, Health Equity has been added to the framework as a guiding principle to ensure that improvement efforts benefit all individuals, regardless of their socioeconomic or demographic characteristics.³

Although integrated home and community care has been endorsed as a potential solution to the challenges of caring for an aging population, the influence of these programs on the broader health system, is not well understood.

What have we done?

As a part of our research portfolio investigating Models of Care Delivery, we conducted a scoping review of published research literature to better understand what the evidence tells us about the influence of integrated home and community care programs on five health service settings: hospitals, emergency medical services, primary care clinics, caregiver support and facility-based long-term care.

We searched three research databases to gather relevant literature about home and community care, the five health service settings of interest, and Quadruple Aim and Health Equity outcomes. Major integrated care journals were hand searched to identify articles missed during database searching.

We assessed 5,087 titles and abstracts and 567 full text articles. Data was extracted from 48 peer-reviewed articles that met our inclusion criteria. Details of the identified programs and their influence on Quadruple Aim and Health Equity outcomes in the five health system settings were extracted and analyzed. Consultations with health system leaders have begun to validate findings; leveraging their knowledge and expertise in the design, delivery and positioning of integrated home and community care to support the interpretation of results.

What did we find?

Five overarching integrated home and community care program types were identified through this review. These included programs focused on providing 1) palliative care, 2) transitional care, 3) comprehensive coordinated care, 4) restorative care and 5) preventative primary care. Programs focused on integrated palliative care represented almost half of the studies identified, reflecting the early emphasis on integration in this clinical specialty and complexity of client care needs in this population.

Figure 1. Influence of home and community care programs on Quadruple Aim and Health Equity outcomes across the health system

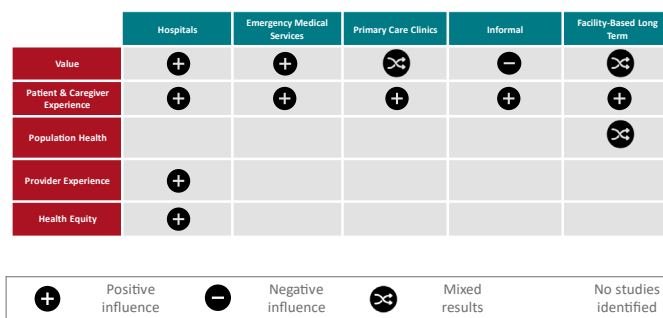


Figure 1 provides a simple summary of the identified literature. It visualizes the areas of focus and direction

of influence, but not the magnitude of impact. Most studies identified examined the influence of integrated home and community care programs on the hospital sector (hospitals and emergency departments), demonstrating prioritization of this sector over other areas of the system. Further, when examining the literature through the lens of the Quadruple Aim and Health Equity framework, a heavy evidentiary emphasis can be seen on the influence of integrated care programs on the “Value” domain or the cost of care, with limited information available on population health, provider experience and health equity across care settings.

Findings from this scoping review are anticipated to increase the understanding of the influence of integrated home and community care programs on Quadruple Aim and Health Equity outcomes across the health system and highlight critical gaps in the evidence necessary for system planning and decision-making.

What are the next steps?

Consultations with system-level leaders are expected to be complete in August 2024. Following this, knowledge mobilization efforts will commence with several academic conference presentations planned for Fall 2024 and open-access publication of findings in a peer-reviewed journal targeted for Winter 2024.

How is this research funded and supported?

This work is currently funded and supported by SE Health, one of Canada’s largest social enterprises.

To cite this work

Saari, M., McLeod, R., Cardozo, V., Holyoke, P. & Giosa, J. L. (2024, October). The influence of integrated home and community care programs on Quadruple Aim and Health Equity outcomes across the health care system. Markham, Ontario: SE Research Centre.

References

