Saskatchewan Health Authority

HEALTH NETWORK EVALUATION: SUMMARY OF FINDINGS FROM REGINA-EAST AND SOUTHEAST6

OVERVIEW

Health care systems around the world are facing the challenges of an aging population and growing levels of chronic and complex conditions. Healthcare has also become more complex with increasing levels of specialization and care options, which results in systems that are fragmented and difficult for patients to navigate. In Saskatchewan, efforts to address such issues include moving towards more integrated care in the form of Health Networks (HN). Networks are being implemented collaboratively by the Ministry of Health, Saskatchewan Health Authority, and Saskatchewan Medical Association. Health Networks are defined as "collaborative teams of health professionals, including physicians and community partners, providing fully integrated services to meet the health needs of individuals and communities." The aim is to provide care that is accessible, timely, and coordinated within the team and with community services.

An evaluation was undertaken in order to understand the *core components* of HNs, *outcomes* of networks, and the *context* and *mechanisms* by which the desired outcomes occur. The first step was a developmental evaluation, which is qualitative in nature and can be helpful in the study of complex systems. A hallmark of this approach is to share findings early and often in order to inform program development. The evaluation began with a focus on the Regina-East and SouthEast6 networks as these have been functioning since 2014, and can provide insights into rural and urban environments. Learnings can be shared with other networks to inform their development.

SUMMARY OF EVALUATION RESULTS

This document provides a summary of interviews with 51 HN stakeholders between December 2019 and June 2020, including physician executives, executive directors, directors, managers, point-of-care staff (e.g., nurses, therapists), and physicians (fee-for-service (FFS) and contract). A patient and staff survey were developed, but are 'on hold' during pandemic. An outcome evaluation is also being planned and will quantify HN's patient and population health outcomes.

Interdisciplinary Teamwork

Participants felt the following themes were important in creating strong teams within health networks:

- ***Shared vision*** of providing the best client care possible. Teams need to see changes as helpful in achieving that vision.
- ***Strong relationships*** between team members. Team members must be able to collaborate and communicate effectively.
- ***Mutual respect***: people feel able to speak up and each voice is heard.
- ***Mutual trust***: teams trust that each member will do their part to ensure optimal client care.
- ***Supportive team structure***: improves staff well-being and client care.
- ***Responsive and supportive leadership***: understands the vision and helps teams to be successful.
- ***Sense of belonging*** to a team is facilitated by collaboration, communication, co-location, and the ability to put a face to a name.

Collaborative teams endorse the concept of team-based care, understand issues faced by team members, share information quickly and easily, and are willing to help one another. People resistant to change or not willing to work as a team can disrupt team functioning and break down relationships.
Through the course of the interviews, participants reported the following benefits and challenges of health networks.

Benefits of Health Networks

***Improved client care*:** health networks support better client care and chronic disease management. Staff work together to provide consistent, holistic care that keeps clients at home longer and reduces their need to access emergency care. Staff are aware of client care needs and the role of different providers in meeting those needs. Staff are able go beyond their area of expertise to ensure clients receive the care and access to services they require.

***Increased system navigation assistance*:** staff are able to help clients navigate the healthcare system as they understand it better themselves.

***Role understanding*:** team members understand their role in relation to the team and how the roles of other health care professionals interact with theirs. They see beyond their own program, innovate, adapt, and find creative solutions to client issues.

Increased medical knowledge: team members learn about different issues they would not otherwise encounter.

Challenges of Health Networks

Health care provider shortages and turnover, particularly in rural areas. Although funded positions are available, there is a lack of people appying for these positions.

Lack of time. People feel they need to deal with more immediate and pressing issues of healthcare and not the work related to health networks that is perceived as less urgent.

Continuous change (change fatigue). Continuous change can be difficult to cope with. Staff feel there needs to be some time for readjustment and adaptation to one change before moving on to the next.

Large geographical areas. Rural team members are often in different locations with high travel times necessary to connect with their team and clients. There are logistical issues involved in getting team members together physically for meetings or huddles.

***High level of uncertainty in point-of-care staff*:** Staff know that organizational changes are coming but they do not know what this will entail. Working in an uncertain environment can be stressful and lead to anxiety and a lack of focus or initiative. Although many staff are trying to put the uncertainty aside and focus on client care, it is likely that the current situation is affecting the way in which staff are working.

***High level of uncertainty in Leadership*:** There may be some hesitancy from SHA leadership to implement changes without being fully aware of the specifics and implications of health networks.

Internal communication about the development of Health Networks. Many staff would like to be included in the development of HN to ensure that changes reflect the situation on the ground.

Communication beyond primary healthcare (PHC). Communication between PHC and acute care was generally described as "hit or miss" by both networks. Although some transitions are smooth, there was a universal sense that this could be improved. Some physicians felt that PHC staff did not always keep them informed about care they were providing.

Lack of a single accessible electronic medical record (EMR) was a large source of frustration for both staff and physicians. Each former health region (fHR) had their own EMR system, none of which are compatible with others. Some networks span more than one fHR, and thus have IT infrastructures that do not communicate with each other.

Prevention is largely focused on chronic disease management, often due to lack of time. People feel pulled in different directions, with urgent, but not necessarily important matters taking over their days.

Physician engagement

- ***Disconnect between physicians and the SHA.***
  - FFS physicians are unaware of what a network is, their place within it, and how they will interact with networks in practice.
  - New initiatives are perceived as being for the benefit of the SHA.
  - History of negative interactions, where the SHA or former health regions have been seen as acting in an authoritarian way towards physicians.
- ***Payment models.*** Fee-for-service physicians are incentivized to see people as quickly as possible, which is not seen as beneficial to providing optimal care. There is no compensation to cover extra time needed to care for complex clients or discuss client care with a team. Contract physicians need time to engage with interdisciplinary care built into the contract.

Studies on physician engagement show that physicians need to have an interest and commitment to changes, and be able to influence decisions. Physicians are more enthused by the vision of improving quality of care than by cost-savings, efficiency, and restructuring.

RECOMMENDATIONS

Vision

Although creating a common vision is an ongoing process, this has not been achieved yet. This is a necessary first step that could be intensified through increased communication and engagement, particularly with front-line staff and physicians.

Staff Capacity and Team-Building

Integration of care done 'on the side of the desk' is unlikely to be as successful as if full attention is paid to the process. People need support to learn new ways of working within their local context, as well as time to incorporate these changes into everyday routines.

Engagement and Communication with Staff

Involving staff in HN will likely lead to feelings of empowerment and support for the change process. Point-of-care staff are not passive recipients of change, but need to be active participants who choose to adopt and modify new processes to suit their local needs.

Engagement and Communication with Physicians

Physicians who see the benefits of HN on their time and practice are more likely to engage with HNs. Physicians need a clear idea of their role in HNs. Many physicians do not see the need to be present at team meetings as this takes up time.

Electronic Medical Record

Lack of a single EMR that can be used in multiple settings by multiple users is a source of frustration. Studies point to the integration of health information technology as essential for success.

Partnerships

Staff may not know about relevant community services that can provide beneficial services to patients. Creating community partnerships involves access to information about different services, time to build relationships, and encouragement for staff to connect clients with these.

Funding

Although HNs are seen as a way to reduce the costs of healthcare provision, other models have found that costs often increase initially due to the need for increased supports. In the absence of sufficient resources to implement reforms, we may conclude that care models are ineffective despite the fact that under the right circumstances they would perform quite well (Weil, 2008).

In conclusion, Saskatchewan's rationale for developing Health Networks is similar to many health systems world-wide: fragmentation of services, patient frustrations with care, lack of communication between services, and duplication of services. Approaches that support building relationships and sharing information across professional and care boundaries and that recognize change as evolving and learning rather than a series of steps would provide a foundation for successful networks.

Movements towards more integrated care are desirable but not easy; they require significant systemic, structural, cultural, attitudinal, and behavioural changes.