A Companion Resource to The Change Foundation
2010-2013 Strategic Plan

DECEMBER 2009

ENVIRONMENTAL SCAN

Trends & activities in person-centred care, integrated care for patients, quality and innovation in the health-care system, and equity and population health.

Foreword

This Environmental Scan is being released in June 2010 as a companion piece to Hearing your stories, changing the story, The Change Foundation's strategic plan for 2010-2013.

Research was undertaken in the summer of 2009 and the scan was completed in December 2009. It was one of two elements that informed The Change Foundation as we developed our new plan. (The second, a three-part series of consultations with stakeholders and decision-makers, is summarized in an appendix to the plan itself.)

While the role of both processes was to guide us in creating an appropriate direction and set of guidelines for the next three years, the results will remain relevant – serving as touchstones as we move ahead. In the present, they show how the priorities of The Change Foundation have been determined, providing a snapshot of the current health system context.

We invite you to read these pages to learn more about what is being done – and what needs doing – to improve health system integration and the quality of home and community care, both in Ontario and beyond.

CATHY FOOKS
President & CEO
The Change Foundation
June 2010

Introduction

The Change Foundation is required to conduct a review process every three years to develop a new strategic plan. This environmental scan of the health-care system landscape was undertaken to inform that process. Our current strategic plan – *Contemplating the way we change; changing the way we think* – covers the period from April 2007 to April 2010. A 2010-2013 strategic plan is expected to be developed, approved by our Board of Directors, and in place by June 2010.

Our focus in conducting this environmental scan was to gain a fuller understanding of **emerging trends** and the current **extent of activity** in the following key areas of interest for The Change Foundation:

- person-centred care;
- integrated care for patients;
- quality and innovation in the health-care system; and
- equity and population health.

Our analysis of emerging trends in these areas was informed by two recently released reports:

- *Externally-Informed Annual Health Systems Trends Report*,[1] from Ontario's Ministry of Health and Long-Term Care (MOHLTC); and
- *Health Care in Canada 2009: A Decade in Review*,[2] from the Canadian Institute of Health Information (CIHI).

The MOHLTC report was prepared with the purpose of "identifying important trends for strategy development, policy development and planning,"[3] while the CIHI report "reflects on important events and trends in health care over a decade… and outlines issues on the horizon."[4]

For this environmental scan, we organized the trends identified and addressed in the MOHLTC and CIHI reports under our four key areas of interest. (See Appendix 1 for a summary of the trends and how they align with the mission and goals of The Change Foundation.)

To analyse the extent of current activity in the four key areas, we reviewed the websites of more than 70 health sector organizations – provincial, national and international – seeking information on their current activities, future directions and priority projects. (See Appendix 2 for a list of the sites visited.) The Foundation acknowledges that this is a rather crude metric – i.e., an organization may be investing resources in an initiative it isn't profiling online. However, this analysis does give some indication of the level of activity or the degree of priority of various initiatives for key players in the healthcare system.

In this scan, we provide a total tally for the provincial, national and international organizations we reviewed, since Ontario can learn from potential best practices and innovations in other jurisdictions, and build on them. We also report on Ontario specifically, to determine how The Change Foundation can best fill gaps, work in areas not currently being addressed, and complement the work of other organizations but not duplicate it. In other words, we needed to determine "how crowded the field" may or may not be. finally, under *Activity* for each of the four key areas, we profile: (i) specific initiatives undertaken by other organizations, to give a flavour of projects; and (ii) initiatives The Change Foundation has already supported or undertaken.

1 MOHLTC (October 2009). Externally-Informed Annual Health Systems Trends Report. Health System Planning and Research Branch.
2 CIHI (October 2009). Health Care in Canada 2009: A Decade in Review.
3 MOHLTC (2009), pg. 4.
4 CIHI (2009), pg. 13, 15.

Results

1. PERSON-CENTRED CARE

Person-centred care – also called patient-centred or patient-focused care – refers to consideration of the individual's values, preferences and expressed needs; the coordination and continuity of care in the best interests of the patient; clear communication and information flow to the patient and their caregivers; emotional support and alleviation of fear and anxiety; involvement of family and caregivers; and smooth transitions between points of care.[5] A patient-centred orientation also encompasses the engagement of citizens in the planning of health care and support systems that reflect their needs, priorities and values.

Trends:

The MOHLTC and CIHI reports identified a number of trends:

- the increasing introduction of initiatives that are promoted as "patient-centred," some of which provide tools and education to assist patients in self-management, and others that provide information to help patients make informed decisions;
- emerging data on Canadians' perceptions of their health-care services (only 55% think their services are patient-centred, according to Ipsos Reid/Canadian Medical Association data);
- an increasing motivation for health system planners and provider organizations to find new ways to engage patients and communities in planning and decision-making forums. In Ontario, each Local Health Integration Network (LHIN) is required under the *Local Health System Integration Act* (2006) to engage in community consultation on an ongoing basis, develop an Integrated Health Service Plan (IHSP), and set priorities for the delivery of health-care services in its region. Also, health-service providers are legally obliged to consult their local communities when planning or prioritizing health service delivery;
- an observable shift toward seeing patients as health-care consumers, spurred by easy access to searchable health information and web-based applications through the internet. A growing number of people are using Web 2.0 tools to communicate with others about health issues and to manage their own health. This trend includes:
    - the exploding popularity of social networking and messaging sites and new media tools (e.g. Facebook, mySpace, Twitter), used by patients and their families to share stories about navigating the health-care system; and the opportunity these media provide for ongoing contact and follow-up between health-care users and providers;
    - the emergence of online discussion forums, online support groups for specific diseases, and patients' blogs, which facilitate storytelling and information exchange; and
    - the emergence of Microsoft HealthVault and Google Health, along with other applications (MyMedicalRecords.com, WebMD, Revolution Health, etc.), which patients/consumers use to find health information and build and maintain their own health records.

  Concerns about this trend include the unpredictable and unmanaged nature of developments, privacy issues, and the accuracy and quality of information.
- the increasing use of a customer relationship management (CRM) framework in the health-care sector. CRM methodologies, software and internet tools were originally used by corporations to form and build individualized relationships – attracting profitable new customers and strengthening bonds with existing ones. They are now being adapted and used to develop relationships with patients and citizens in health and wellness services and chronic disease management. Examples include the use of CRM strategies to meaningfully group patients, helping to define target services and optimal communication channels;

5 Adapted from: Ontario Ministry of Health and Long-Term Care. "Delivering Person-Centred Care." Research Paper #8.

Activity:
Our review of websites found 23 of 76 organizations[6] (Ontario-based, other provincial, national and international) undertaking what could be classified as person-centred initiatives. Focusing on Ontario, nine of the 29 sites reviewed showed such initiatives. It appears that the trend noted in the MOHLTC and CIHI reports is still in an early stage, with only a third of the Ontario organizations, and just over a third of the broader group, undertaking (or profiling) work in this area.

Some notable examples of projects include:

- The Department of Health Policy Management and Evaluation (HPME) at the University of Toronto is engaged in an ongoing research project entitled *Care transitions from the patient perspective.*
- The Rotman Centre for Health Sector Strategy at the University of Toronto is collaborating with Princess Margaret Hospital in a project designed to improve patient experience.
- LHINs are currently – and with varying degrees of commitment and success – engaging their communities in consultations and planning sessions to shape the IHSPs that are scheduled for release in November 2009. Some LHINs are facing significant challenges from community members who are opposed to proposed changes in health-care delivery.

Patient-centred initiatives undertaken by The Change Foundation include:

- sponsoring 10 focus groups across the province with patients and caregivers who use Ontario's health system fairly often, to capture their perceptions of how well-integrated health care is in their communities;
- releasing *Who is the Puzzlemaker?* – the Foundation's most popular report (according to download statistics). It presents snapshots of patients' and caregivers' experiences of navigating the health-care system in Ontario, and shares their insights about changes that could help create a better-integrated system, health-care system organized around their needs.
- co-sponsoring Having Their Say and Choosing Their Way with the Ontario Association of Community Care Access Centres (OACCAC). This quality improvement project included listening to elderly patients and their caregivers describe what worked – and didn't – during the move from hospital to home, or to long-term care; and the information was used to design process improvements to ease patient transitions; and
- sponsoring an invitational symposium on community engagement with Ontario's 14 LHINs and releasing a report to summarize the suggestions that came forth on how to support LHINs and health service providers in their efforts to enable informed citizen participation in health-care change.

2. INTEGRATED CARE FOR PATIENTS

Integrated care for patients brings "services, providers, and organizations from across the continuum to work together jointly so that their services are complementary to one another, are coordinated with each other, and are a seamless unified system, with continuity for the client."[7] In Ontario, the system of LHINs was created in April 2005 with a specific mandate to plan, fund and integrate local health-care services.

Integrated care is especially important in primary care, given that primary care providers serve as the foundation of the health-care system – clinicians are increasingly part of multidisciplinary teams, and primary care physicians serve as gatekeepers to the secondary and specialty care systems. As well, there is a strong connection between integrated care and the prevention and management of chronic disease. People with chronic conditions have multiple interactions with providers along the continuum of care, and there is a significant potential for reorganizing care to help achieve better health outcomes for the patient.

6 A listing of organizations is provided in Appendix 3, and background information about specific initiatives can be reviewed in an Excel spreadsheet that documents material referenced on the organizational websites.

7 Canadian Council on Health Services Accreditation (2007). CCHSA glossary (6th Edition).

Trends:

The MOHLTC and CIHI reports identified several trends – many of which relate to primary care delivery and health human-resources planning and management – which will influence the delivery of integrated care:

- efforts, internationally, to re-design primary care to improve outcomes and efficiency in response to aging populations and the prevalence of chronic disease, and due to an increasing ability to deliver complex care outside the hospital setting;
- increasing expectations that primary care physicians and multidisciplinary teams will serve as a bridge between hospitals and community care (more evident in some jurisdictions than in others);
- the growing percentage of primary care physicians' and teams' time that is spent caring for patients with complex chronic conditions;
- the increasing incidence of chronic disease in children and adolescents, and of complex chronic conditions/co-morbidities in the over-45 population, with growing rates of obesity and diabetes causing particular concern;
- an increasing recognition of the value of health promotion and of disease prevention and management strategies, especially in light of looming economic pressures – with emerging data pointing to the potential cost savings of avoiding or delaying advanced disease states through effective disease-management;
- a proliferation of programs and initiatives aimed at preventing and/or improving chronic disease outcomes;
- the introduction of innovative patient self-management tools, especially for patients with chronic conditions, facilitated by the emergence of the internet and mobile phone technologies as media in the delivery of care services. This has implications for patient safety, quality of care, and cost of care, and there is real variability in the extent of this trend across jurisdictions;
- an increasing recognition of the need for the right number and mix of health professionals, and the efficient distribution of professionals, and the implications this has for integrated care delivery;
- an increasing recognition of salary differentials between providers in the hospital sector and those in the community sector of the health-care system, and the implications this has for services provided by interprofessional teams along the continuum of care;
- increasing efforts by governments to establish multidisciplinary/interprofessional teams, introduce new professional roles, and expand the scope of practice of health providers; and
- the likelihood that many health-care workers will defer retirement due to economic uncertainty, reduced pension valuations and diminished investments – with implications for human resource planning and financing.

Activity:

Only 17 of the 76 websites we reviewed identified integration-related projects. In Ontario specifically, the percentage was higher but still relatively low – eight organizations out of 29 profiled what could be categorized as integration projects on their websites.

Notable projects include:

- the recently launched Integrated Client Care project, which will test a new, more integrated model of care at sites across Ontario (a multi-partner initiative of MOHLTC, the Ontario Association of Community Care Access Centres (OACCAC); the Collaborative for Health Sector Strategy at the Rotman School of Management, University of Toronto; and the Centre for Healthcare Quality Improvement (CHQI) of The Change Foundation);
- projects underway at the Élisabeth Bruyère Research Institute, in Ottawa, to assess the performance and function of family health teams;
- the Canadian Health Services Research Foundation's multicentric evaluation of the effects of using a case-management model to help patients move from hospital to community; and
- the LHINs' mandate to integrate local health services, and their current involvement in local integration activities. The Ontario Hospital Association has documented these integration efforts (see: http://www.oha.com/KnowledgeCentre/Library/LHIN/Pages/ServiceRealignment.aspx)

Looking at chronic disease prevention and management in particular, 22 organizations (including six in Ontario) profiled chronic disease management (CDM) initiatives on their websites. In addition, 21 (again including six in Ontario) profiled on their sites what were categorized as "prevention" initiatives.

Some examples of CDM and of chronic disease prevention and other prevention initiatives:

- Ontario's Institute for Clinical Evaluative Sciences is using adjusted clinical groups to measure high-impact, high-prevalence chronic conditions; and studying the impact on people with chronic conditions when they don't have a family physician.
- Saint Elizabeth Health Care is developing a chronic disease self-management program.
- The Centre for Addiction and Mental Health identifies risk factors and develops interventions as part of its Social and Community Prevention Research program.
- The Ontario College of Family Physicians has developed and promoted an Osteoporosis and Falls Prevention program.

Integration initiatives undertaken by The Change Foundation include:

- writing international case studies which draw on the experience of other jurisdictions who have undertaken reforms to achieve integrated, high-quality, accessible and sustainable health care. The first report in this series is *Integrated Health Care in England: Lessons for Ontario*;
- hosting an invitational exchange with senior decision-makers from across Canada who have led – and lived through – health-care regionalization. They assessed what had gone right and wrong, and discussed how Ontario might improve the prospects for success of its integration agenda, in sessions documented in *Lessons and Confessions from the Regionalized Health-care Front: Where can they lead Ontario?*;
- hosting a second invitational exchange that focused on primary care, and looked at the roles of planning structures (LHINs) and case management structures (Community Care Access Centres) in its planning, funding and delivery; and
- projects undertaken by The Change Foundation's Centre for Healthcare Quality Improvement (CHQI), which often identify policy barriers to integrated care delivery.

3. QUALITY AND INNOVATION IN THE HEALTH-CARE SYSTEM

As CIHI reported in 2009, "Beginning in the 1990s, a growing body of international literature highlighted major quality and safety issues in health care."[8] Well-integrated health systems aspire to continuous quality improvement, and quality and innovation in these systems is important for patients, providers, organizations – and populations as a whole. Quality improvement (QI) initiatives have significant implications for safety and optimum care. They involve the application of evidence-based protocols and tools; the continuity of care for patients moving from one provider to the next, within organizations, and across health-care sectors; and the sustainability of health-care delivery through the design of efficient and effective services and processes.

The success of QI initiatives depends to a significant extent on the existence of electronic medical and health records. Unfortunately, available data shows Canada lagging behind in basic electronic medical records as well as multifunctional support – ranking lowest in an 11-country comparison.[9]

8 CIHI (2009), pg. 19.
9 The Commonwealth Fund (2009). A Survey of Primary Care Physicians in Eleven Countries 2009: Perspectives on Care, Costs, and Experiences.

Trends:

The following trends were identified in the MOHLTC and CIHI reports:

- an increasing concern that current funding systems are not providing enough incentives for efficient, high quality, patient-centred care;
- an increasing acknowledgement that various funding models offer incentives for provider behaviour which may not be in the patient's best interests;
- the likelihood of reduced health-care spending, as governments struggle with deficits and the need for restraint. Broader economic forces may create a new sense of urgency and a greater appetite for new approaches to funding and for the cost-saving potential of QI initiatives and other innovations;
- a culture of increasingly evidence-informed decision-making, i.e., a recognition that the analysis of accurate, standardized and comprehensive data is a core element of continuous improvement to support decision-making at clinical, managerial and policy levels;
- a growing focus, in some jurisdictions, on determining the appropriateness of medical interventions through the use of decision-support tools based on evidence from clinical research (e.g. radiology-benefit-management programs in the US that use algorithms and clinical support criteria to determine the medical necessity of a diagnostic exam);
- a continued interest by decision-makers and administrators in variations in wait times. It is anticipated that the next frontier in health system research will be the explicit linking of wait-times management to the appropriateness of treatment and to health outcomes;
- with the growing interest in QI, an emerging recognition of the need to find ways to engage patients in their own care as part of QI methodology;
- an increasing acknowledgement that QI, accountability for performance, and e-health (health practice supported by electronic processes and communication) are fundamental to system change – i.e., faster and larger-scale changes are likely to alter patterns of health care spending;
- the availability of more decentralized and democratized health information through blogs, social networks and multi-channel information streams, but with the challenge of dubious information mixing freely with peer-reviewed excellence on the web;
- the increasing implementation of consumer choice in health care – more evident in some jurisdictions than in others – along with concerns about the potential of consumerism to lead to needless consumption of resources and compromised quality of care; and
- a clear recognition that the success of QI initiatives is highly dependent on fully inter-operable information management systems, to facilitate the flow of information across sectors and among providers along the continuum of care.

Activity:

Close to half of the websites reviewed (34 out of 76 overall and 14 out of 29 in Ontario) profiled quality improvement initiatives. In addition, we found 14 safety-related projects, seven of which were in Ontario. It appears that QI is a popular area of interest and activity.

A few examples of QI initiatives:

- Ontario's Quality Improvement and Innovation Partnership has a mandate to aid the province's Family Health Teams in their formation and function, and a collaborative learning program has been established.
- The Ontario Hospital Association has launched www.myhospitalcare.ca, and Ontario hospitals are mandated to report publicly on eight quality indicators.
- CIHI is developing QI indicators for primary health care under its recently established Primary Health Care Information program; it has also expressed a future ambition to develop QI indicators for home care, mental health, and addiction and rehabilitation services.
- The Ontario Health Quality Council reports on many quality indicators in its annual report.
- Cancer Care Ontario (CCO) has a goal to map out patient care pathways and develop quality measures at every point of treatment. This is hoped to provide deeper insight into patient experience, and CCO's findings may be transferable and adaptable to other diseases and care pathways.

Seventeen of the 76 websites profiled projects relating to health technology/electronic medical records, 11 of these being Ontario-based.

These initiatives include:

- Canada Health Infoway, funded by the federal government and working with the provinces and territories to implement private and secure health information systems;
- eHealth Ontario, a provincial government agency with a mandate to have electronic health records in place for Ontarians by 2015;
- eHealth Ontario, a provincial government agency with a mandate to have electronic health records in place for Ontarians by 2015;
- *eHealth for Every Nurse*, a toolkit developed by the Registered Nurses' Association of Ontario on how to use eHealth and how it affects practice; and
- the electronic Child Health Network (eCHN), also in Ontario, a government-funded organization that develops electronic solutions to permit the sharing of health-care information among authorized providers.

Quality improvement initiatives undertaken by The Change Foundation include:

- co-sponsoring the Having Their Say and Choosing Their Way project, which designed process improvements, based on patient input, to ease transitions during the move from hospital to home or long-term care; and
- the many innovative QI activities in which CHQI of The Change Foundation is involved, e.g. the Emergency Department Process Improvement Program, the Flow Spread Strategy, Patient Flow Simulation, Releasing Time to Care–The Productive Ward, and the Triple Aim initiative with representatives from all 14 LHINs

In addition, The Change Foundation has identified safety – a prerequisite to quality care – as an area of our QI direction, and has partnered with the Canadian Patient Safety Institute and others to support an adverse-event study in the home and community sector.

3. EQUITY AND POPULATION HEALTH

Health disparities are defined by MOHLTC as "the differences in health status among population groups, often as a result of inequalities in the distribution of the social determinants of health across populations."[10] CIHI lists "four major demographic factors [that] explain a large proportion of differences in health in Canada – gender, Aboriginal status, age and SES."[11] It is widely recognized that to improve health status there needs to be a focus on populations that suffer disproportionately from adverse situations (including personal behaviour choices, social factors, and the environment), and that the non-medical determinants of health must be addressed.

Trends:

Those identified in the MOHLTC and CIHI reports include:

- growing evidence of health disparities in Ontario and other jurisdictions – evidence of significant disparities in life expectancy between provinces and territories, between municipalities, and between neighbourhoods, with additional data available on the prevalence of illness;
- the introduction of various governmental and non-governmental initiatives to reduce health disparities and disseminate knowledge about barriers to health equity;
- increasing obesity rates and unreduced smoking rates in areas with lower SES (socioeconomic status) – where people already have consistently higher rates of both – despite significant investments in cessation and prevention programs;
- the emergence, internationally, of tools to identify the potential impacts of a policy or project on the health of marginalized or disadvantaged populations; and
- given the increasing role of consumer choice in health care, concerns that consumerism may contribute to further inequity.

10 CIHI (2009), pg. 19.
11 The Commonwealth Fund (2009). A Survey of Primary Care Physicians in Eleven Countries 2009: Perspectives on Care, Costs, and Experiences.

Trends have also been identified and discussed in other important reports:

- Statistics Canada reported more rapid growth at the top of the earnings-distribution scale, a widening earnings gap between recent immigrant workers and Canadian-born workers, and negligible progress over the past 25 years in the percentage of children living in low-income situations.[12]
- The Senate Subcommittee on Population Health reported wide consensus, both nationally and internationally, that the vast majority of disparities in health are avoidable, unfair and thus inequitable.[13]
- The Chief Public Health Officer's *Report on the State of Public Health in Canada* estimated that if all Canadians had the same rate of premature death as the most affluent one-fifth do, there would be a 20% reduction in premature mortality across the population – *a reduction equivalent to wiping out all premature deaths from either cardiovascular diseases or injuries*.[14]

Activity:

Various governmental and non-governmental initiatives have been introduced to reduce health disparities and promote population health. For example:

- The Wellesley Institute reviewed the 14 LHIN websites and documented information regarding equity initiatives being undertaken by the LHINs. The review concluded that equity is on all 14 agendas, with several LHINs designing equity visions and strategies and others incorporating equity priorities into the development of their IHSPs.
- CIHI has an established record for undertaking population health analysis, and will implement a Canadian Population Health Initiative action plan.
- The Institute of Population and Public Health (at the Canadian Institutes of Health Research) has a mandate to support research into the complex interactions which determine the health of individuals, communities and populations, and to apply that knowledge to improve Canadians' health.
- Echo, an agency of the provincial government, has a mandate to be the focal point and catalyst for women's health in Ontario, and to promote equity by utilizing a population health framework through research and partnerships. The POWER study (Project for an Ontario Women's Health Evidence-Based Report) is a multi-year project funded by Echo to produce a comprehensive provincial report.

12 Statistics Canada (Census Year 2006). Earnings and Incomes of Canadians over the past Quarter Century.

13 Senate Subcommittee on Population Health (June 2009). A Healthy, Productive Canada: A Determinant of Health Approach. The Standing Senate Committee on Social Affairs, Science and Technology.

14 Public Health Agency of Canada (2008). The Chief Public Health Officer's Report on the State of Public Health in Canada.

Conclusions

This environmental scan summarizes important continuing and emerging trends that relate to The Change Foundation's four key areas of interest: person-centred care, integrated care for patients, quality and innovation in the health-care system, and equity and population health. The scan also indicates current levels of activity that address these areas – providing tallies of governmental and non-governmental projects and initiatives in Ontario, across Canada, and internationally.

Summary of Website Scanning HT/EMR[15]
(See Appendix 3 for list of organizations)

	Total (all 76 sites)	Ontario (29 provincial sites)
Person-centred	23	9
Integration	17	8
CDM	22	6
Prevention	21	6
Quality Improvement	34	14
Safety	14	7
HT/EMR	17	11

In conclusion:

- There are increasing levels of reference to *person-centred*, *patient-centred* and *patient-focused* care in the health-care literature. However, only one-third of the organizations we reviewed profiled themselves as working in, or targeting initiatives in, this area.
- Similarly, there is significant discussion of the need for greater integration in the health-care system. All 14 LHINs are pursuing priorities that involve some form of integration, ranging from coordination to collaboration to full corporate integration. These efforts and initiatives are happening at the local level and vary across the province.
- Our results show a broader net of Ontario organizations involved in quality improvement than in patient-centred or integrated-care initiatives. This is consistent with an acknowledged trend across jurisdictions toward an increased interest in QI.
- In the area of equity and population health, significant research is being undertaken to support evidence-based policy development. The LHINs are attempting to move forward with integrated health system plans within an equity framework. However, at the program implementation level, it is difficult to determine the extent of activity and degree of success.
- Both conceptually and practically, there are strong links and dependencies between chronic disease prevention and management, primary care, and e-health processes and capabilities. These are all interconnected, and contribute to the health system's ability to improve quality and safety, and to design and deliver well-integrated services from the perspective of patients and their caregivers.

From this environmental scan it appears that The Change Foundation has an important role to play, continuing to promote the interests of patients and their caregivers, and of the public more broadly. Similarly, there continues to be a niche for the Foundation to work with partners to promote integration and to move it forward from the local to the system level. Finally, The Change Foundation's unique contribution in the quality improvement field could be to advocate for patient-centred focus.

15 Scanning of initiatives that could be categorized as "equity/population health" initiatives was not undertaken as part of the original website review process so a summary of tallies is not available for Equity and Population Health.

Appendix 1

SUMMARY OF TRENDS AND HOW THEY ALIGN WITH THE CHANGE FOUNDATION

Trends identified in MOHTLC report	Trends Identified in CIHI report	Alignment with Foundation
Person-centred care • Patient-centred initiatives; Patients as consumers • Public involvement in decision-making		✓
Sustainability, Productivity, & Innovation • Incentives for high quality, patient-centred care • Appropriateness of care, interventions • QI initiatives, tools, measurements • Self-management innovation tools	• Decreasing health-care spending by governments (Financing) • QI & E-Health as fundamental to system change(Financing) • New frontier of linking wait times mgmt to appropriateness & outcome (Access) • Continued QI focus, & increasing culture of evidence-informed decision-making (Quality, Safety, Outcomes)	✓
Chronic Disease Prevention, Management • Increasing incidence • Proliferation of prevention, management programs	• Increasing trends in obesity, diabetes (Health of Canadians)	✓ (Integrated health care)
Health Human Resources Management • Number, mix of health professionals • Multidisciplinary teams, new roles, scope of practice • Recruitment and retention challenges	• Delayed retirement of health-care workers (Financing)	✓ (Integrated high quality care)
Mental Health and Addictions • Efforts to improve access to services • Harm reduction philosophy		
E-Health • Internet and mobile phone technologies • Private sector involvement	• Increasing democratizing of health information • Uncertainty about architecture, authority to use, & direction of culture (Health Information)	✓ (as relates to patient, supports QI, engagement)
Public and Population Health • Impact of global pandemic, & increasing resistance of hospital acquired infections • Continued challenge of lifestyle associated conditions		✓
Disparities in Health • Health disparities between population groups • Emergence of new tools to identify potential impacts	• Health disparities across population (Health of Canadians)	✓
Consumerism in Health Care • Impact of consumer choice		
Health-Care Facility Infrastructure • Evidence-based, sustainable building design		

Appendix 2

LIST OF REVIEWED WEBSITES

ONTARIO

Bloorview Kids Rehab www.bloorview.ca

Canadian Centre for Activity and Aging www.uwo.caactage

Cancer Care Ontario www.cancercare.on.ca

Centre for Addiction and Mental Health www.camh.net

Centre for Health Economics and Policy Analysis www.chepa.org/Home.aspx

Centre for Health Services and Policy Research http://chspr.queensu.ca

Centre for Rural and Northern Health Research www.cranhr.ca

Consumer Health Informatics Research Partners www.ahs.uwaterloo.cachirp

Élisabeth Bruyère Research Institute www.bruyere.org

Health Policy Management and Evaluation www.hpme.utoronto.ca

Homewood Research Institute www.homewood.org/healthcentre

Infrastructure Ontario www.infrastructureontario.ca

Institute for Clinical Evaluative Sciences www.ices.on.ca

Local Health Integration Network websites:

www.eriestclairlhin.on.ca

www.southwestlhin.on.ca

www.waterloowellingtonlhin.on.ca

www.hnhblhin.on.ca

www.centralwestlhin.on.ca

www.mississaugahaltonlhin.on.ca

www.torontocentrallhin.on.ca

www.centrallhin.on.ca

www.centraleastlhin.on.ca

www.southeastlhin.on.ca

www.champlainlhin.on.ca

www.nsmlhin.on.ca

www.nelhin.on.ca

www.northwestlhin.on.ca

Ministry of Health and Long-Term Care www.health.gov.on.ca

Ontario Association of Community Care Access Centres www.ccac-ont.ca

Ontario College of Family Physicians www.ocfp.on.ca

Ontario Health Quality Council www.ohqc.ca

Ontario Home Care Association www.homecareontario.capublic

Ontario Hospital Association www.oha.com

Ontario Long Term Care Association www.oltca.com

Ontario Medical Association www.oma.org/home.asp

Quality Improvement and Innovation Partnership www.qiip.ca

Registered Nurses' Association of Ontario www.rnao.org

Rotman School of Management (Centre for Health Sector Strategy) www.rotman.utoronto.cahealth

Saint Elizabeth Health Care www.saintelizabeth.com

St. Joseph's Healthcare www.stjosham.on.ca

St. Michael's Hospital www.stmichaelshospital.com

York Institute for Health Research www.yorku.cayihr/Home

CANADA

Alberta Heritage Foundation for Medical Research www.ahfmr.ab.ca

Alzheimer Society of Canada www.alzheimer.ca

Canadian Caregiver Coalition www.ccc-ccan.ca

Canadian Federation of Nurses Unions www.nursesunions.ca

Canadian Health Services Research Foundation www.chsrf.ca

Canadian Healthcare Association www.cha.ca

Canadian Institute for Health Information http://secure.cihi.ca

Canadian Institutes of Health Research www.cihrirsc.gc.ca

Canadian Patient Safety Institute www.patientsafetyinstitute.ca

Canadian Policy Research Networks www.cprn.org

Canadian Research Network for Care in the Community www.ryerson.cacrncc

Capital Health (Nova Scotia) www.cdha.nshealth.ca

Centre for Health Services and Policy Research (UBC) www.chspr.ubc.ca

Centre for Healthcare Quality Improvement www.chqi.ca

Fonds de la recherche en santé Québec www.frsq.gouv.qc.caen/index.shtml

Health Canada www.hc-sc.gc.ca

Health Council of Canada www.healthcouncilcanada.ca

Health Quality Council of Alberta www.hqca.ca

Health Quality Council (Saskatchewan) www.hqc.sk.ca

Manitoba Centre for Health Policy http://umanitoba.camedicine/units/mchp

Manitoba Health Research Council www.mhrc.mb.ca

Medical Research Fund of New Brunswick www.gnb.ca0391/medicalresearch-e.asp

Memorial University www.med.mun.caMedicine/Research.aspx

Michael Smith Foundation for Health Research www.msfhr.org

National Initiative for the Care of the Elderly www.nicenet.ca

Nova Scotia Health Research Foundation www.nshrf.ca

United Way of Canada www2.unitedway.caUWCanada

Victorian Order of Nurses www.von.ca

Wellesley Institute http://wellesleyinstitute.com

INTERNATIONAL

Agency for Healthcare Research and Quality (US) www.ahrq.gov

Department of Health (UK) www.dh.gov.uk

Health Policy Monitor/Bertelsmann Stiftung http://hpm.org/index.jsp

Health Services Management Centre (UK - Birmingham) www.hsmc.bham.ac.uk

Institute for Family-Centered Care www.familycenteredcare.org/contact.html

Institute for Healthcare Improvement (US) www.ihi.org/ihi

International Federation on Ageing www.ifa-fiv.org

MacArthur Foundation (US) www.macfound.org

Mayo Clinic (US) www.mayoclinic.com

McConnell Foundation (US) www.mcconnellfoundation.org

National Health Service Institute for Innovation and Improvement (UK) www.institute.nhs.uk

National Institute for Health and Clinical Excellence (UK) www.nice.org.uk

Nuffield Trust (UK) www.nuffieldtrust.org.uk

Policy Exchange (UK) www.policyexchange.org.uk/research_areas/health.cgi

Robert Wood Johnson Foundation (US) www.rwjf.org

The Commonwealth Fund (US) www.commonwealthfund.org

The King's Fund (UK) www.kingsfund.org.uk

Wellcome Trust (UK) www.wellcome.ac.uk

Appendix 3

WEBSITE SCANNING – LISTING OF ORGANIZATIONS

	Ontario	Other Provinces/Canada	International
Person-centred	CHQI HPME (HSPRN) Homewood Research ICES OACCAC Rotman School of Mgmt St. Elizabeth Health Care St. Joseph's Healthcare LHINs	Alzheimer Society Canada CHSRF CPSI CHSPR, UBC HQC of Alberta HQC Saskatchewan Faculty of Medicine, Memorial	AHRQ Bertelsmann Fund HSMC, Birmingham Mayo Clinic NHS- III Commonwealth Fund King's Fund
Integration	CHQI HPME OACCAC OHA OHCA St. Elizabeth Health Care Élisabeth Bruyère Institute LHINs	CHSRF CPRN CRNCC HQC Saskatchewan VON Canada	Bertelsmann Fund HSMC, Birmingham Nuffield Trust Commonwealth Fund
CDM	CHSPR, Queen's Élisabeth Bruyère Institute ICES LHINs OCFP St. Elizabeth's HC	CHSRF CIHR-IHSPR CHSPR, UBC Health Canada HCC HQC Saskatchewan Manitoba Centre for HP Faculty of Medicine, Memorial VON Canada	Bertelsmann Fund HSMC, Birmingham IHI NHS-III Robert W. Johnson Commonwealth Fund King's Fund
Prevention	CAMH Élisabeth Bruyère Institute ICES OCFP St. Michael's Hospital IHR, York	Alzheimer Society Canada CIHI CIHR- IHSPR Health Canada Manitoba Centre for HP Manitoba HR Council Faculty of Medicine, Memorial Michael Smith Foundation National Initiative for Care of the Elderly	AHRQ Bertelsmann Fund McConnell Foundation Policy Exchange Commonwealth Fund King's Fund

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	Ontario	Other Provinces/Canada	International
Quality Improvement	CCO CHQI CHSPR, Queen's Élisabeth Bruyère Institute HPME Homewood Research ICES LHINs OACCAC OCFP OHQC OHA QIIP Rotman School of Mgmt	Alzheimer Society Canada CHSRF CIHI CPSI CHSPR, UBC HQC of Alberta HQC of Saskatchewan Manitoba Centre for HP Michael Smith Foundation	AHRQ Dept. of Health, UK Bertelsmann Fund HSMC, Birmingham IHI NHS-III Nuffield Trust Policy Exchange Robert W. Johnson Commonwealth Fund King's Fund
Safety	CHQI HPME ICES LHINs OACCAC OHA St. Elizabeth's HC	Alzheimer Society Canada CPSI HQC Alberta HQC Saskatchewan VON Canada	Bertelsmann Fund NICE
HT/EMR	Bloorview Kids eCHN eHealth Ontario Élisabeth Bruyère Institute HPME ICES OACCAC OHA RNAO St. Elizabeth's HC IHR, York	Canada Health Infoway Michael Smith Foundation VON Canada	Nuffield Trust Robert W. Johnson Commonwealth Fund

CONTACT US
The Change Foundation
P.O. Box 42
200 Front Street West
Suite 2501
Toronto, ON M5V 3M1

Phone: 416.205.1459
Fax: 416.205.1440

VISIT
www.changefoundation.com

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