

Models of Care

How is the health care delivery system evolving?

Definition of Service Delivery Model

- ‘ a structured pattern of relationships and processes delivered through the use of defined physical, technological, and human resources (*inputs*) which are guided by established goals and objectives intended to achieve specific outcomes (*outputs*)’.

- Underlying belief that a coordinated health care system is preferable to existing fragmented collection of services
- Ideal model(s) will be: affordable and cost-effective, provide access for all citizens to needed services, embraced by health professionals
- Predicated on the notion that we can define and measure outcomes

Trends to be addressed

- Interprofessional collaboration
- Changes to scopes of practice and regulatory/legislative changes
- Changes in the role of family physicians
- Appropriate remuneration and recruitment and retention incentives
- Evidence-based practice



Questions

- To what extent have different models been adopted and extent of physician involvement in change?
- Have models been evaluated?
- Impact of different models on education of health professionals and on HHR planning?

Drivers for Change

- HHR issues
- Multiple morbidities, especially chronic
- Fragmentation of primary care/hospital care/social care
- Quality
- Cost

Adoption of different models

- US: diversity of models ‘offers a testing ground for the world’– managed care experience evolving to chronic care models enabled by IT eg., Group Health Coop of Puget Sound.
- UK: four systems of care in UK – concentrate on English system of National Service Frameworks which have provided for new payment systems, incentives for GPs, and nurse substitution.

Evaluation of models

- Limited evaluation of models
- Tension between population health and individual outcomes
- Risk of overstatement by governments (idea of ‘a policy wheeze’)
- “What is not incentivized is marginalised”

Evaluation of models

- Canada: Task Force II – “Assessing New Models for the Delivery of Medical Services: Inventory and Synthesis” (2003)
- Categorized according to funding mechanism, primary care, hospital-based, community care, mental health, public/pop health, integrated models and e-health

Impact on education of health professionals

- UK: changing physician educational pathways
- Canada: Interprofessional Education for Collaborative Patient-Centred Practice – literature review, framework, funding educational initiatives, commissioned papers that will inform HHR planning

Impact on HHR planning

- Australian National Health Workforce Strategic Framework; discussion of models of care approach for work force planning

Barriers and enablers: Funding Models

- UK: points-based quality framework for GP practices; altered salary system for consultants to favour NHS practice
- Canada: evolving alternate payment approaches (AFPs; FHTs)

Barriers and enablers:

- Government policies
- Patient safety issues
- Social Accountability of medical schools
- Scopes of Practice
- Regulatory/medico-legal

Fundamental question

- (Maynard) What are the objectives of the health care system and how do they change over time? How do measurable outcomes align with objectives?