

## Envisioning Interconnected Relationships

This conceptual model of integrated care for older persons and care partners living with complex health and social care requirements was developed based on the knowledge obtained through a scoping review and engagement with older adults, clinical experts and others. This conceptual model illustrates the interconnected relationships between abstract concepts, organizing structures, and desired courses of action at macro, meso and micro levels of support that bring about quality integrated care across the continuum of care for older persons living with complex health conditions and care partners. The model illustrates the necessary (and evolving) connectivity between these elements that ought to underscore design, implementation and evaluation efforts to meet the health and social care requirements of this population of health users.

## What Happens at Each Level of Support?

The model is organized according to three focus areas which represent discrete, yet interconnected, levels of support (macro, meso, micro). Each area consists of a distinct activities and processes designed to foster integration at that level and between it and other levels of support.

### Macro

Umbrella infrastructure establishes and incentivizes the implementation of integrated care within and between health & social care sectors

### Meso

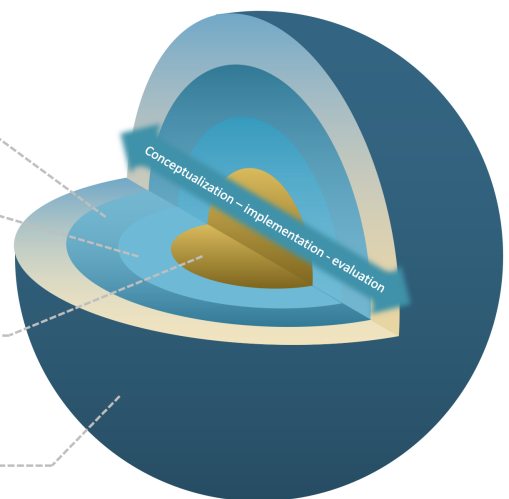
Operations activate strategic partnerships and mergers with others between and across health & social care organizations

### Micro

Provision of integrated care across health and social care providers at the point of care

### Population Level

Population-level patterns in health care utilization and overall health of older persons with complex needs & their care partners



Answers “how does integrated care happen”

## What Enables Integrated Care?

Put simply, the ability of health and social care organizations (meso) to support the provision of integrated care (micro) depends on whether (or not) macro-level infrastructures incentivize and enable the integration of resources across health and social systems.

### Macro Enablers

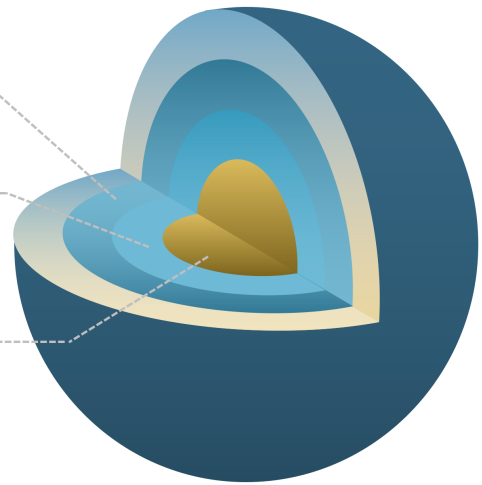
Stimulate the integration of physical, financial, human and regulatory resources, support the operationalization of formal partnerships and mergers (interoperability), and facilitate data collection and analysis within and between health and social care sectors.

### Meso Enablers

Stimulate the integration of knowledge and practice, operationalize the joining up of knowledge, resources and practice (interoperability), and facilitate data collection and analysis between and across health and social care organizations.

### Micro Enablers

Stimulate integration and support co-production of integrated care interventions (interoperability) at the point of care and facilitate data collection and analysis between and across health and social care providers, older persons and caregivers.



## Outcomes of Integrated Care

The aim of a whole-systems approach is to realize improvements in the patterns of healthcare utilization and overall health for populations of health users (Alderwick et al. 2014).

### Macro Outcomes

Legislation and regulation, policies, financial frameworks, practice standards and performance frameworks that cut across sectors, layers, types and disciplines of care.

### Meso Outcomes

Inter-organizational cooperation/service agreements, shared governance models, flexible care team protocols, embedded program staff models, joint skills training initiatives.

### Micro Outcomes

Co-production and synthesis of collaborative assessments into integrated care plans, and care interventions that reflect this synthesis and that are delivered through integrated team-based models of care.

### Population Outcomes

Population health performance indicators aggregated from relevant individual-level outcome indicators reflecting access and overall health. (e.g. ↑ in older persons with complex needs receiving care at home; ↑ in care partners who receive social support services; ↑ in older persons who are offered rehabilitation following discharge from acute or community hospital stays, ↑ health-related quality of life, ↑ sustained community living, and ↓ overall levels of caregiver distress.

