

CONFERENCE ABSTRACT

Mapping for conceptual clarity: Exploring implementation of integrated community-based primary health care from a whole system perspective.

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Background: Studying implementation of integrated models of community-based primary health care takes a “whole systems” multidisciplinary approach to capture micro (patient/carer and provider), meso (organization) and macro (system/policy) factors. In new research studying the implementation of these integrated models intended to improve care for older adults with complex care needs, our project team adopted four theoretical perspectives to capture micro, meso and macro factors influencing implementation.

Problem Statement: Four theoretical and disciplinary perspectives were adopted to guide data collection and analysis. These perspectives were guided by 1) Wagner’s Chronic Care Model as related to Ham’s 10 Dimensions of High Performing Chronic Care Systems addressing patient/caregiver and provider level perspectives; 2) the Organizational Context and Capabilities for Integrating Care framework capturing organizational and provider level perspectives; and 3) the Health Policy Monitor survey methodology covering system and policy level perspectives. The different perspectives capture a wide breadth of concepts; however there is also significant conceptual overlap across those frameworks. The nature of this overlap requires clarification in order to: 1) ensure efficient data collection at the case sites; and 2) guide inter-disciplinary data analysis.

Theory/Methods: Concept mapping was used to identify connections between the concepts across perspectives. Novak and Canas (2007)’s methods and software CmapTools were used to first generate a descriptive map. We explored the conceptual links of the map using data from 1 case studies in Ontario collected as part of the iCOACH project.

Results: The concept map reveals many links across policy/system, organizational, provider and patient/carer theoretical perspectives. Examination of the overlap between concepts related to care coordination reveals different meanings, approaches, and implementations, depending on from which perspective you start. For instance, from a policy perspective care

coordination is related to how services are delivered and delivery arrangements, the organizational perspective highlights inter-organizational linkages and collaboration, the provider perspective focuses on teamwork and community linkages, and the patient and carer perspective emphasizes the experience of coordinated care.

Conclusions: Our analysis reveals that while concepts from different theoretical perspectives and disciplines may be similar in definition, each perspective offers a different meaning, value and driver associated with similar concepts. This analysis highlights the importance of developing a “whole system” perspective, and how concept mapping can be used to guide this approach to data collection and analysis.

Lessons Learned: Concept mapping was a critical and foundational step towards a cross-disciplinary “whole system” analysis of integrated models of community-based primary health care. Collaboration between scholars familiar with concepts at different levels aided in the development of the map and proved valuable in supporting inter-disciplinary analysis of data.

Limitations: The concept map will be directly relevant to the iCOACH project; however, additional work remains to be done to expand its utility to other projects and jurisdictions. Still, the methodology presented may be useful to other researchers engaging in whole-systems research on integrated care.

Suggestions for future research: We will explore other areas of conceptual overlap using case study data to develop a complete conceptual map of the relevant theoretical domains.

Keywords: concept map; theory; integrated care; implementation; whole-systems
