

Theme 4: Integration

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Key trends, which may have an impact on this area over the next 5 to 10 years:

- Faculty of Medicine has three key themes of Innovation, **Integration** and Impact. All departments will need to demonstrate efforts to integrate on a variety of dimensions, e.g. across divisions, departments, hospital sites, amongst the TAHSN hospitals and its community affiliates
- Funding pressures and competition for resources will increase.
- *Excellence for All* act and Ministry policies will focus on increasing patient access and enhancing quality.
- Blurring of disciplines will continue and areas traditionally the domain of surgeons will be occupied by other specialties.

Key opportunities

- Successful components of collaboratives based on integration activities across sites and divisions already exist but can be further leveraged and enhanced with specific goals:
- **Quality**
 - BPIGS, UofT Trauma, Oncology
 - Share data and best practices across sites, efforts to standardize care
 - Capitalize on opportunities made possible through initiatives based on Excellence for All Act
- **Access to care** (service delivery)
 - Vascular Centres of Excellence
 - Bariatric Centres of Excellence
 - Neurosurgical call rota
 - Spinelink (U of T Spine program)
 - Aortic disease (cardiac)
- **Joint advocacy** (to LHIN, MOHLTC)
 - Leverage lobbying efforts, expertise and resources across sites

Key issues/challenges

- **Specific**
 - Lack of infrastructure support to facilitate data sharing, clinical trials (quality, research)
 - Funding models which fund on a procedure rather than program level (joint advocacy)
 - Concerns about individual incomes which inhibit greater collaboration (recruitment, joint advocacy)
 - Variable implementation of shared medical record to enable clinical integration (access, quality, recruitment)
 - CEO's/hospitals protecting their market share or particular niche, accountable to their boards (access, joint advocacy, recruitment)
 - Programs and services now extend across specialties and departments (e.g. Critical Care, Radiology, Neurology) with no shared recruitment plan (recruitment)
- **General**
 - Limited infrastructure support to bring together

to achieve an end – new program development, additional funding

- Effectively used for vascular, bariatric, neurosurgery
- Funding pressures will call for require greater joint advocacy for program development

- **Recruitment**

- Sites often do not have a need or resources to support 1 FTE, but resources across sites can be pooled to support new recruits
- e.g. Credentialing of thoracic surgeons across centres (St. Joseph's Hospital-SMH, TEGH-SHSC) supports service, reaps benefits of regionalized care, and allows for development of a practice across sites
- Greater degrees regionalization, limited capacity for new recruits and funding pressures will lead to opportunities for cross-credentialing

- **Education**

- Tremendous breadth of practice across sites
- Fellowships across sites improve the attractiveness of fellowship programs, draw higher quality fellows
- e.g. UofT Trauma, MIS

- **Research**

- Broad patient base across sites and collectively, great breadth of expertise
- Opportunity for large research collaboratives and recruitment of patients from across sites
- Greater probability of funding with collaborative models
- e.g Spine

institutions

- Individuals rewarded for academic or clinical productivity – limited incentives for “program development”
- No formal expectations or incentives that expressly promote greater integration.
- Dependency on personality and new leaders for integration efforts.
- Diffusion of responsibility – No one individual has the mandate to nurture integration/collaboration
- Limited transparency

Goals	Actions	Expected Outcomes/Measures
<p>1. Explore opportunities within current collaboratives to foster activity in multiple domains: e.g. quality, access, joint advocacy, research, education, recruitment.</p> <p>2. Empower and incent Division chairs to identify other opportunities to pursue greater integration and collaboration across their hospital sites and across departments.</p> <p>3. Strengthen partnerships regionally, nationally and globally.</p>	<ul style="list-style-type: none"> • Provide infrastructure to support integration and to maximize the benefits, e.g. research coordinator on shared or part time basis to support data collection, integrated data bases and multisite research. • Seek out alignment with hospital based priorities to strengthen collaborations across hospital sites and divisions and make better use of existing infrastructure (e.g. consider unique contributions that each site can bring to a city-wide program). • Where possible, work with existing TAHSN forums to engage in discussions and planning for more robust program development and services across divisions and hospital sites. • Establish expectations and accountability for all chairs to articulate a vision for integration across their divisions and with their faculty. • Provide incentives for integration including collaborative grants, point system, etc. • Promote city-wide recruitment for all divisions. • Explore greater use of cross-credentialing to provide access to resources across sites. • Undertake proactive, strategic dialogue with other departments where recruitment with surgery might overlap (e.g. Medicine, Medical Imaging, Anaesthesia, Critical Care) • Establish the conditions to support an engaged Surgery collegium across the GTA, with a focus on faculty development for the new Mississauga Academy. • Expand outreach with industry and government to support the 	<p>Measurable improvements in quality of care: structure, process, outcomes</p> <p>Measurable improvements in access to care</p> <p>Funding of collaborative models of clinical care enabled through integration</p> <p>Increased funding of research collaboratives enabled through integration</p> <p>Increased recruitment and retention of top calibre faculty throughout the GTA</p> <p>Greater recognition of UofT brand</p> <p>Increased number and funding for collaborative projects with industry partners and government sponsorship</p>

Goals	Actions	Expected Outcomes/Measures
	<p>Department’s innovation agenda including research, quality, education and knowledge translation.</p> <ul style="list-style-type: none"> • Build on targeted initiatives related to global health and internationalization. Strengthen the International Surgery program. • Explore innovative recruitment strategies for local and international surgery appointments. 	<p>Targeted global health and internationalization strategy in place with supports</p>
<p>Unique considerations for this theme including overlaps with other working groups:</p> <ul style="list-style-type: none"> • Will share similar goals to Quality and best practices • Integration will be a key enabler for Research and Education. <p>Opportunities to advance cross-cutting themes:</p> <ul style="list-style-type: none"> - <i>Partnerships and collaboration – central to integration</i> - <i>Innovation – collaboration and integration across divisions , departments and hospital sites provides many opportunities for innovation and new service and academic models.</i> - <i>Global Health and Social responsibility- improving access and quality is a tangible expression of social responsibility. Global health partnerships are advanced.</i> 		

Top 2 implementation priority activities for this area – for next 12 to 18 months

1. Clarify integration and collaboration expectation of Division chairs, including expanding existing collaborative and identifying new opportunities.
2. Establish infrastructure support to strengthen existing collaborations, including working across collaborative to support academic calendars, data collection, quality initiatives, etc.

Key processes, mechanisms and infrastructure required to achieve these goals.

Clearly defined expectations for integration and collaboration, including accountable leads.
Infrastructure support to enable collaborative initiatives (e.g. project coordinator)