Integrated Healthcare Conference:
Empowering People through Transforming Care

4 September, 2025
Convention Centre Dublin

Rialtas na hÉireann
Government of Ireland

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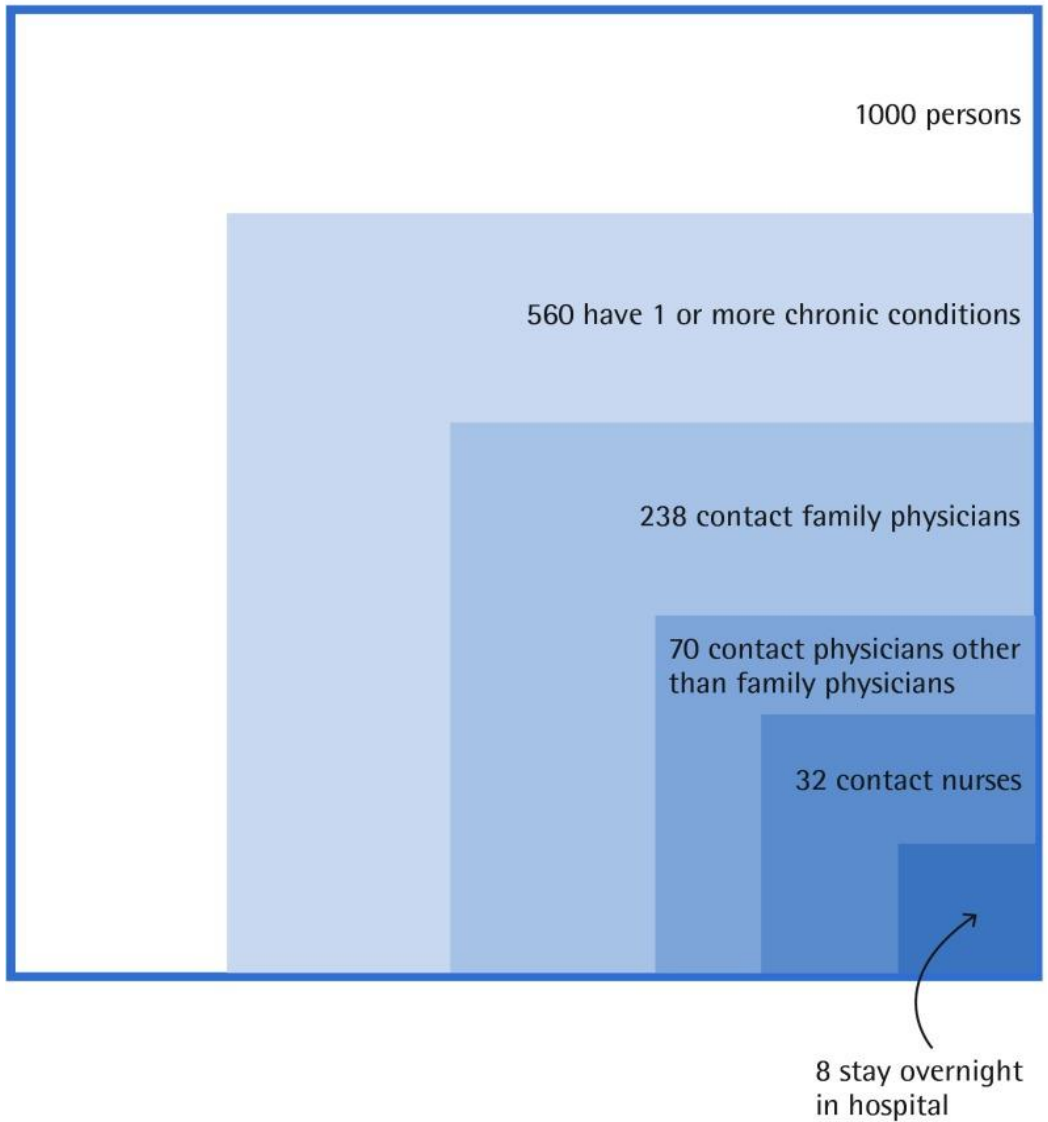
An international perspective on delivering integrated care on a large scale.

Dr. Richard Lewanczuk

Do we keep our cars or ourselves in better shape?

What is the most expensive intervention in health care ?

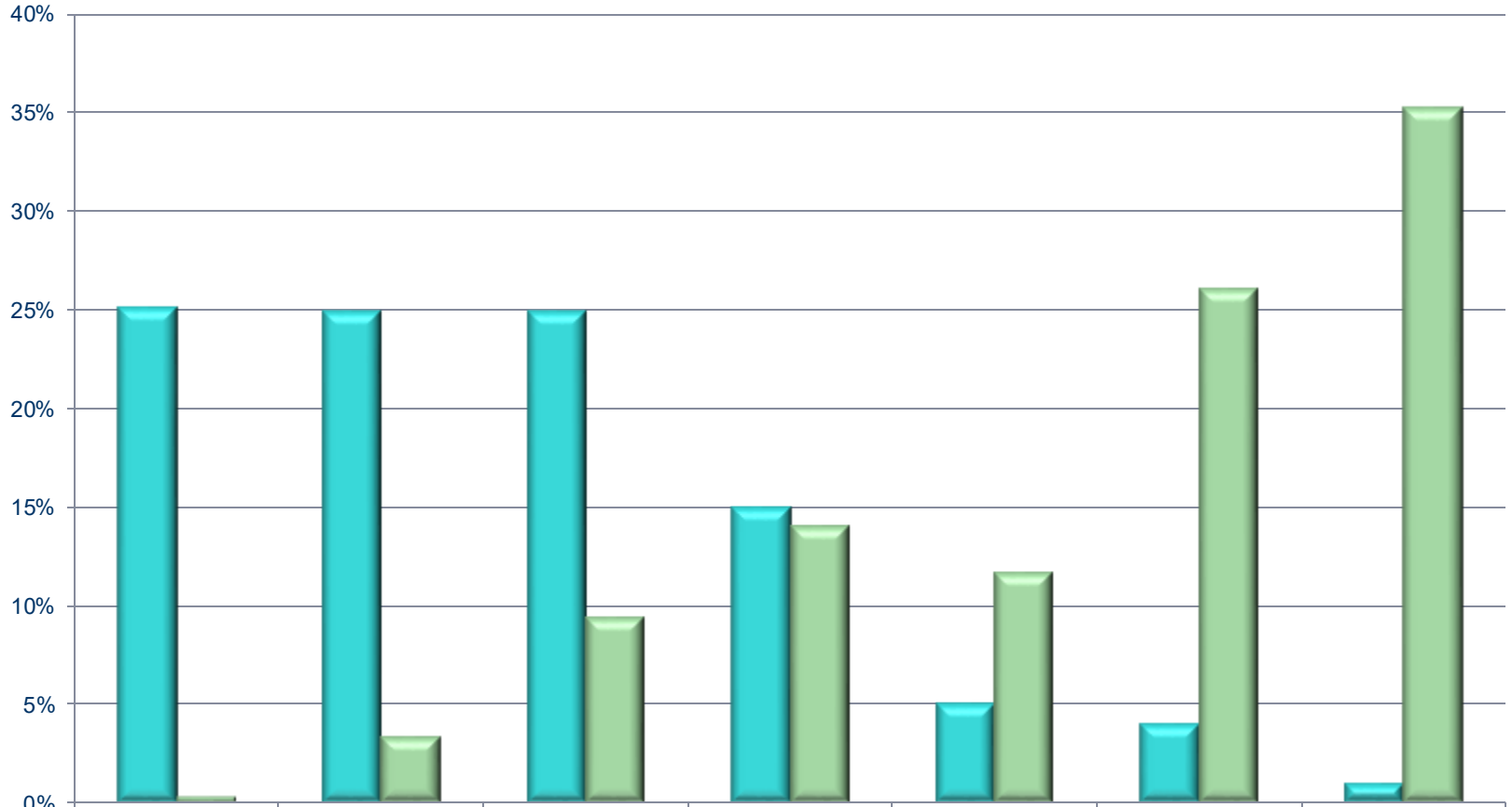
Figure 1. Canadian ecology of health care standardized monthly rates per 1000 population of those aged 15 years and older: *Each box represents a separate subgroup of the total 1000 persons.*



From: Stewart M & Ryan B. Can Fam Physician 61:449, 2015

Alberta Health Services

Alberta Population Proportions Versus Health Care Cost Proportions

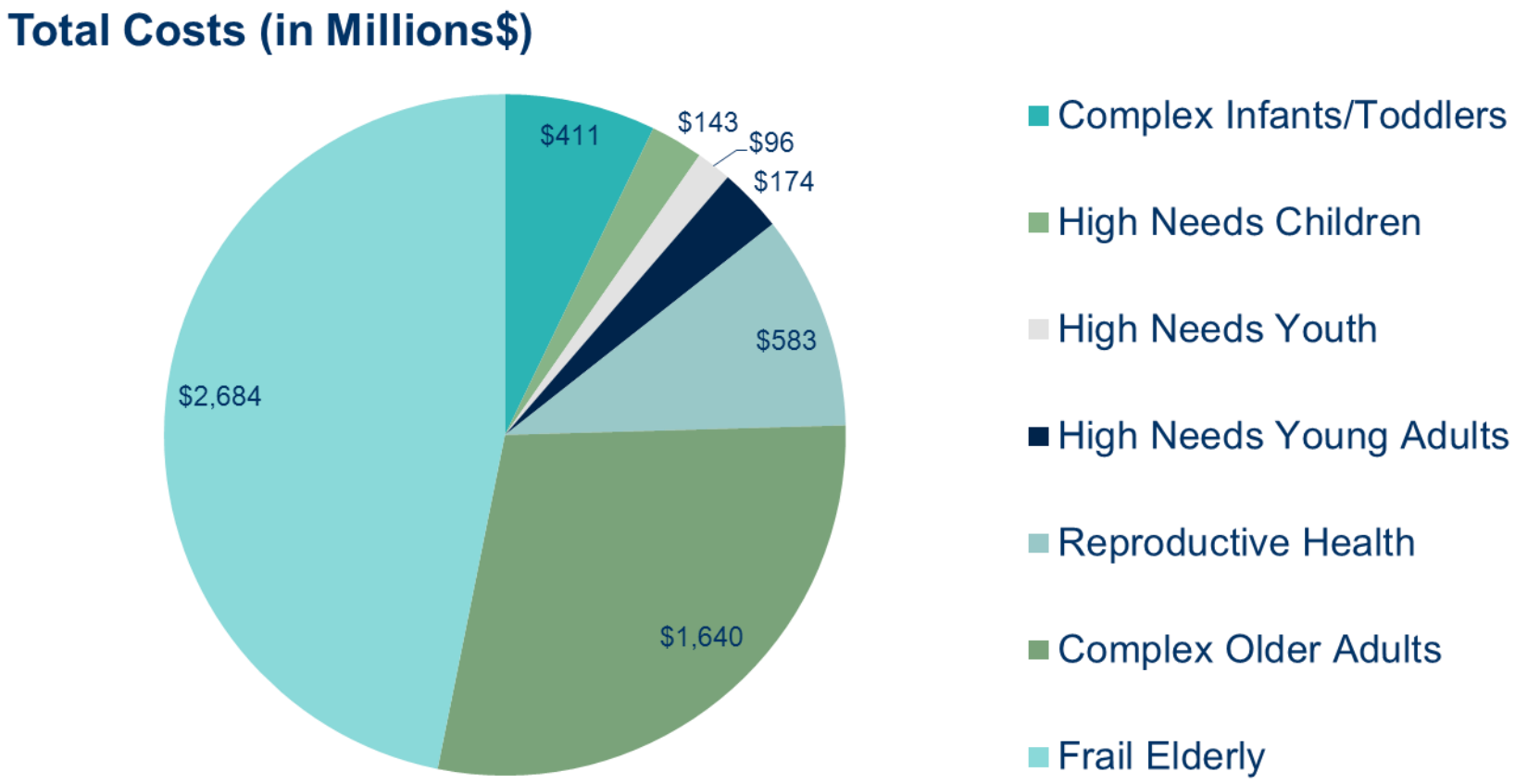


	0-25th Cost Percentile ($10)	25-50th Cost Percentile ($131)	50-75th Cost Percentile ($369)	75-90th Cost Percentile ($911)	90-95th Cost Percentile ($2288)	95-99th Cost Percentile ($6367)	99-100th Cost Percentile ($34407)
% Of Population	25%	25%	25%	15%	5%	4%	1%
% Of Costs	0%	3%	9%	14%	12%	26%	35%

Alberta Health Services

Who are these people?

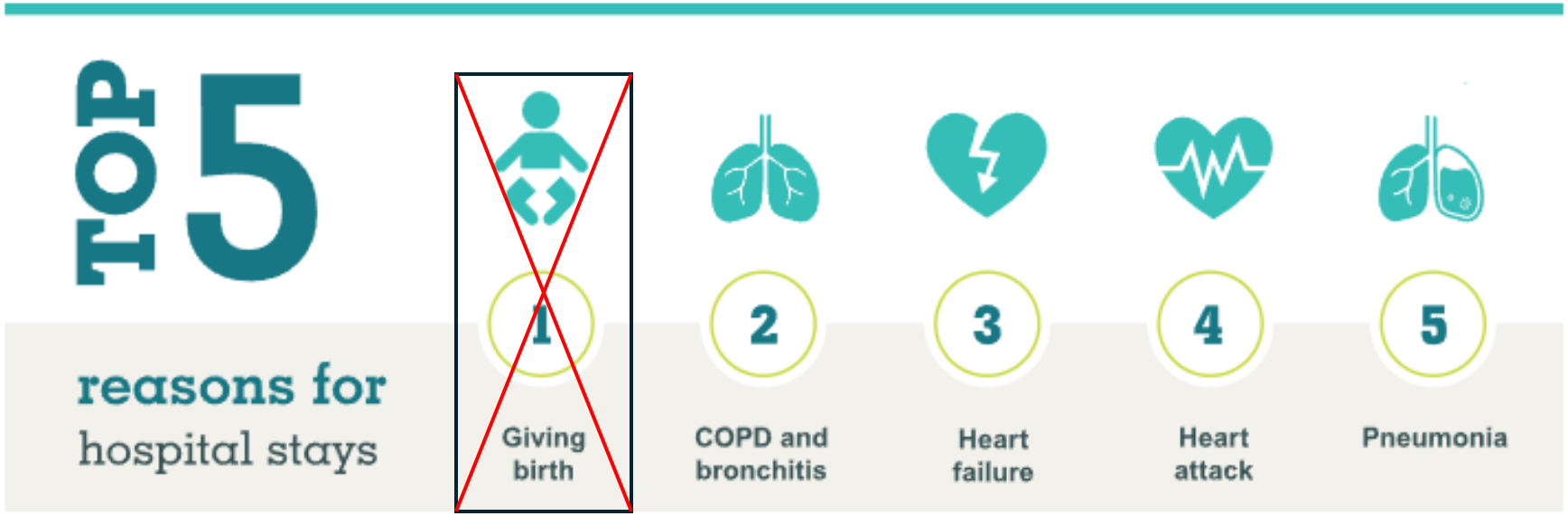
Complex High Needs Patients - Financial Impact



Alberta Health Services

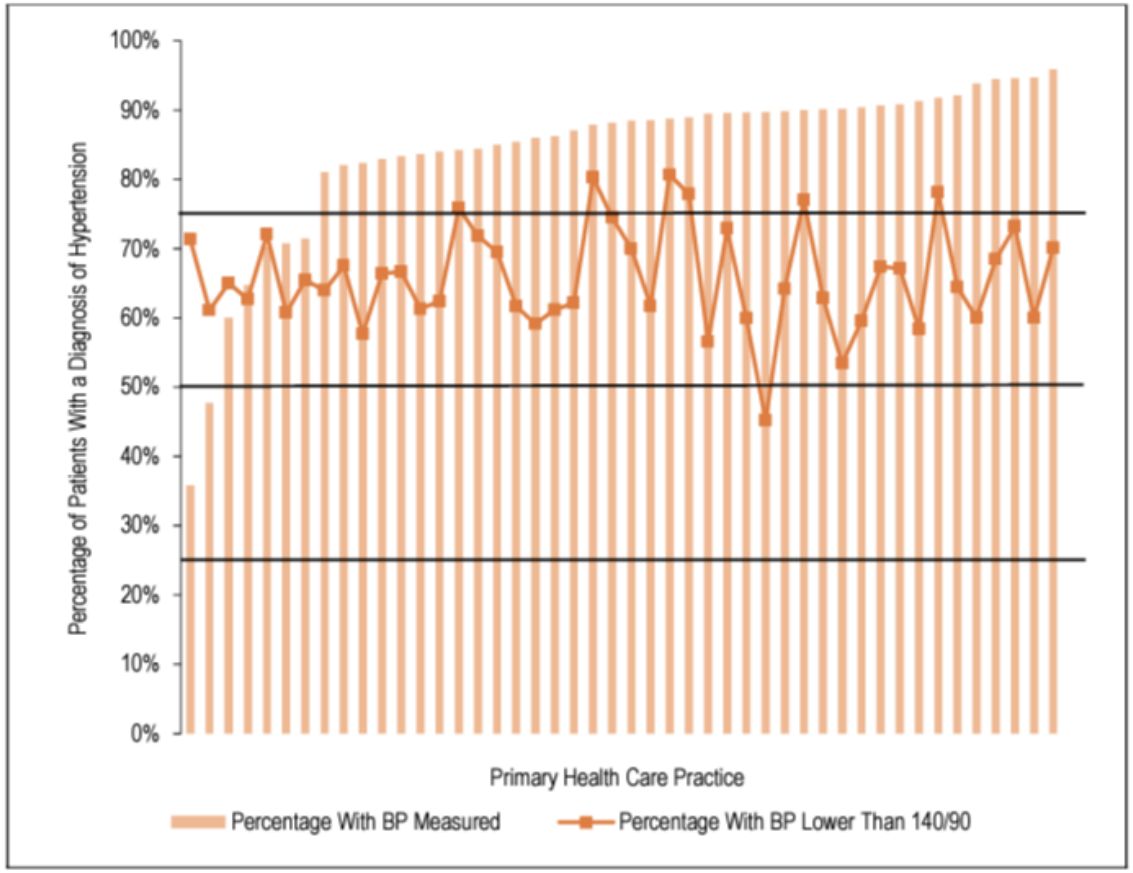
Why do people end up in hospital?

Hospital stays in Canada 2022-2023



Source: CIHI

Figure 3: Variation in Blood Pressure Measurement by Practice



Notes

BP: Blood pressure.

Chronic diseases include chronic obstructive pulmonary disease, coronary artery disease, diabetes and hypertension.

Only patients with a diagnosis of hypertension who had a blood pressure measurement result in the last 12 months are included (N = 52,081).

Two practices were suppressed due to small sample size.

Source

Primary Health Care Voluntary Reporting System, 2013, Canadian Institute for Health Information.

Alberta Health Services

"Medically, this person didn't need to be in hospital but…

- I couldn't send them home…
- I knew they couldn't manage at home…
- I knew that if I sent them home they would be right back…"

Heard time and time again in physician interviews regarding hospitalization in Alberta

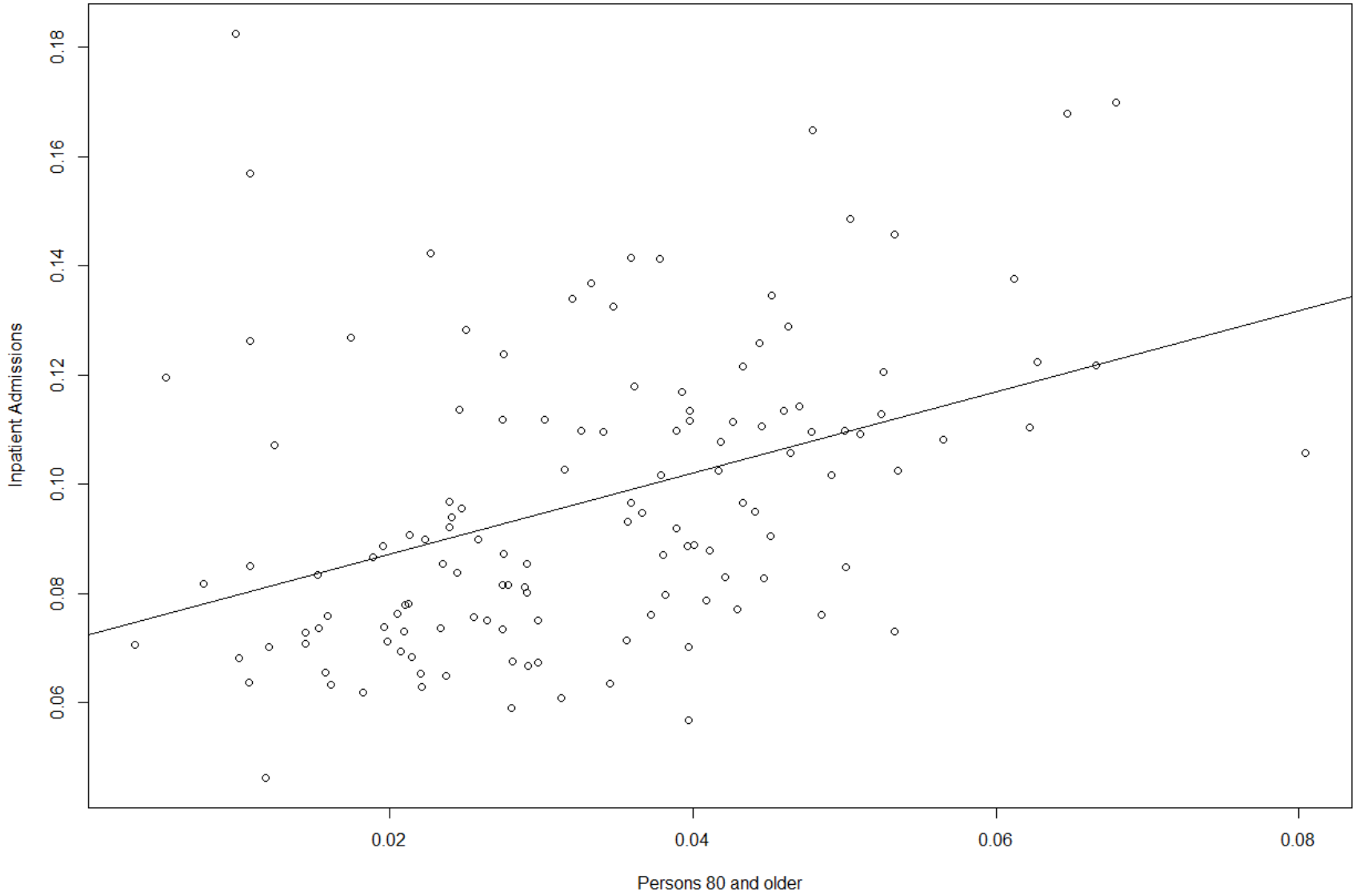
Community Resources

- They don’t exist
- We don’t know about them
- They aren’t coordinated

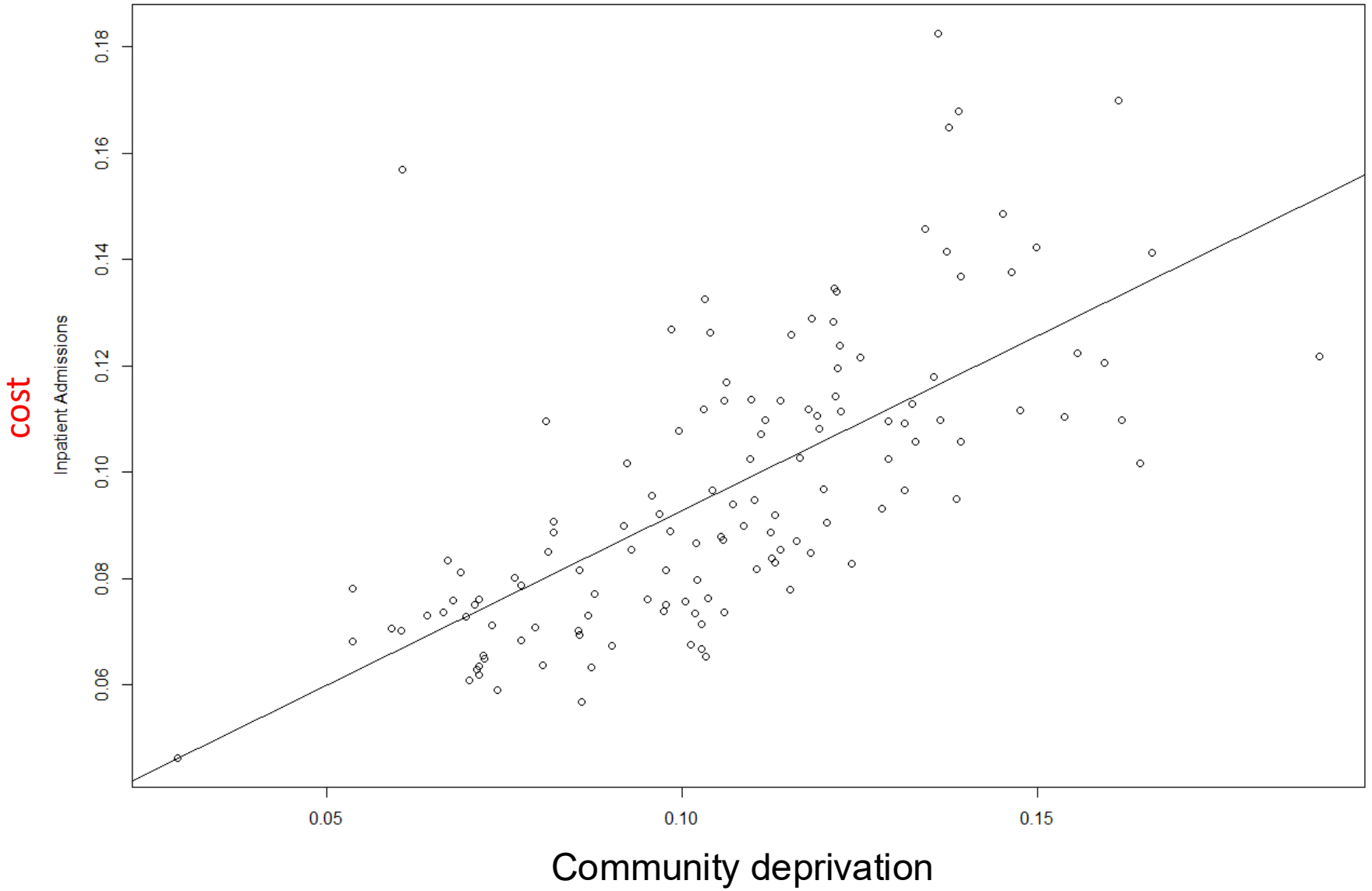
Community Resources

- They don’t exist
- **We don’t know about them**
- **They aren’t coordinated**

Variation in Inpatient Admissions by Community

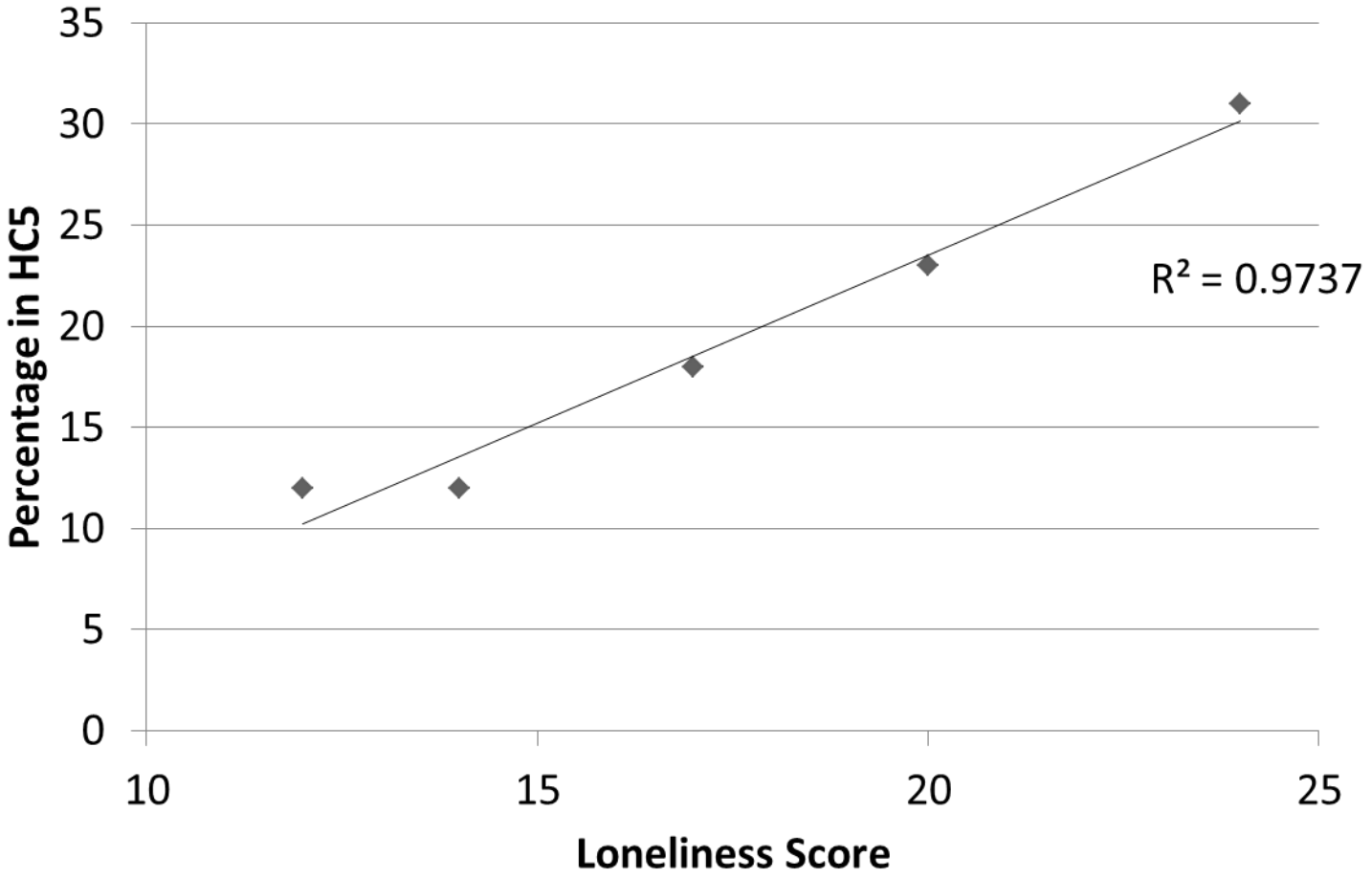


Variation in Inpatient Admissions by (lack of) Community Resources



Can we predict hospitalization?

Loneliness and Health Care Costs in Seniors



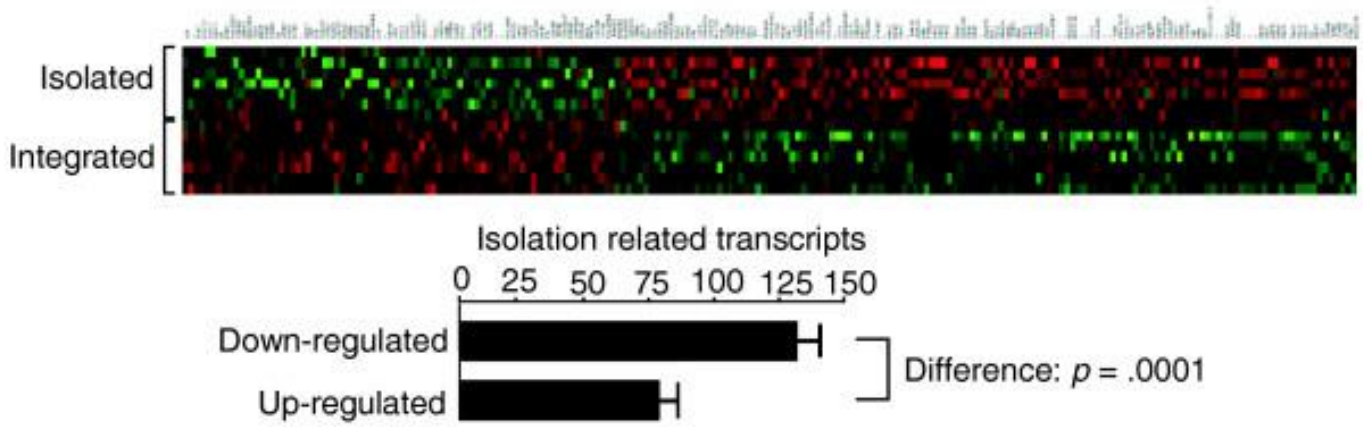
Cost data AHS; health status courtesy of City of Edmonton, thanks to Sharon Anderson

What do older, lonely people miss?

- Simply sitting with someone – 52%
- Laughing with someone – 51%
- Getting a hug – 46%
- Having a holiday – 44%
- Sharing a meal – 35%
- Going for a walk with someone – 32%
- Holding hands – 30%

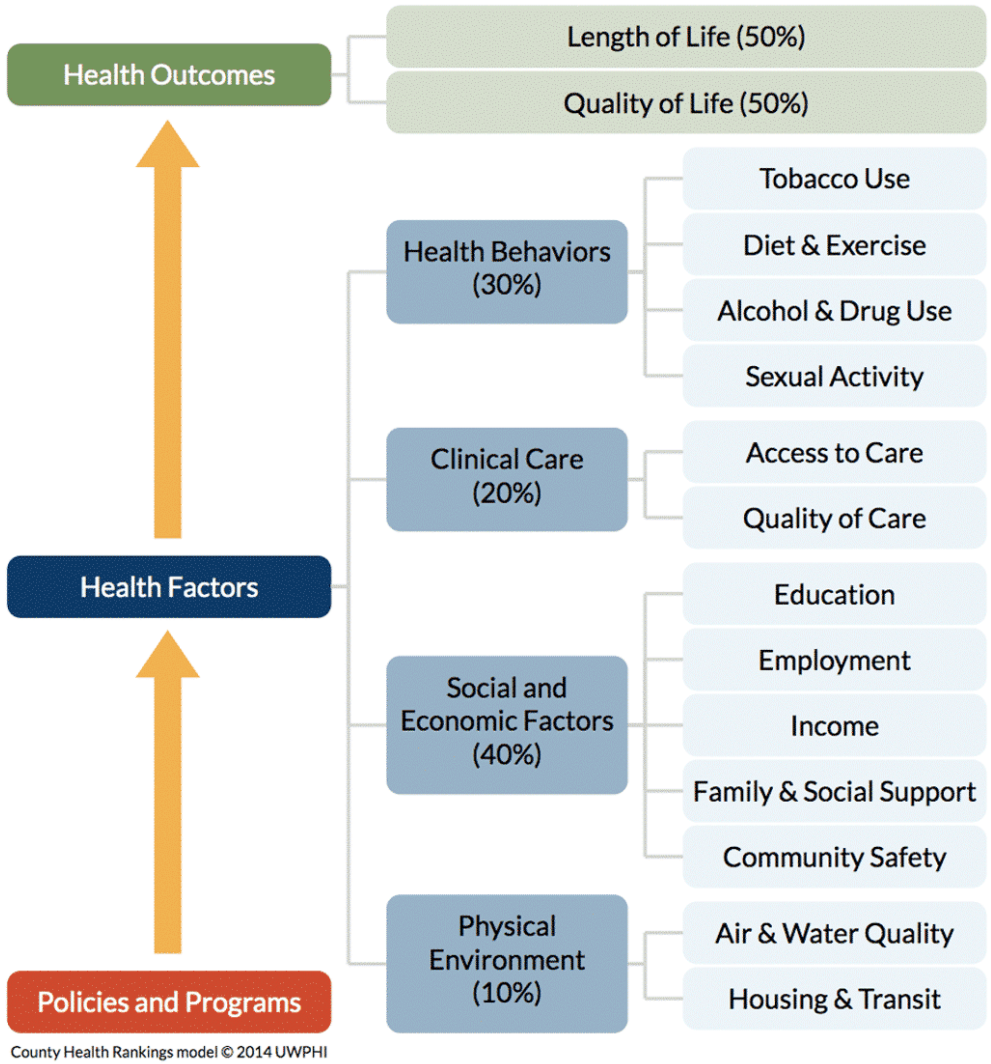
Source: UK Commission on Loneliness

Genetic effects of loneliness



Cole et al, Genorm Biol 8:R189, 2007

About 80% of health is determined outside the healthcare system

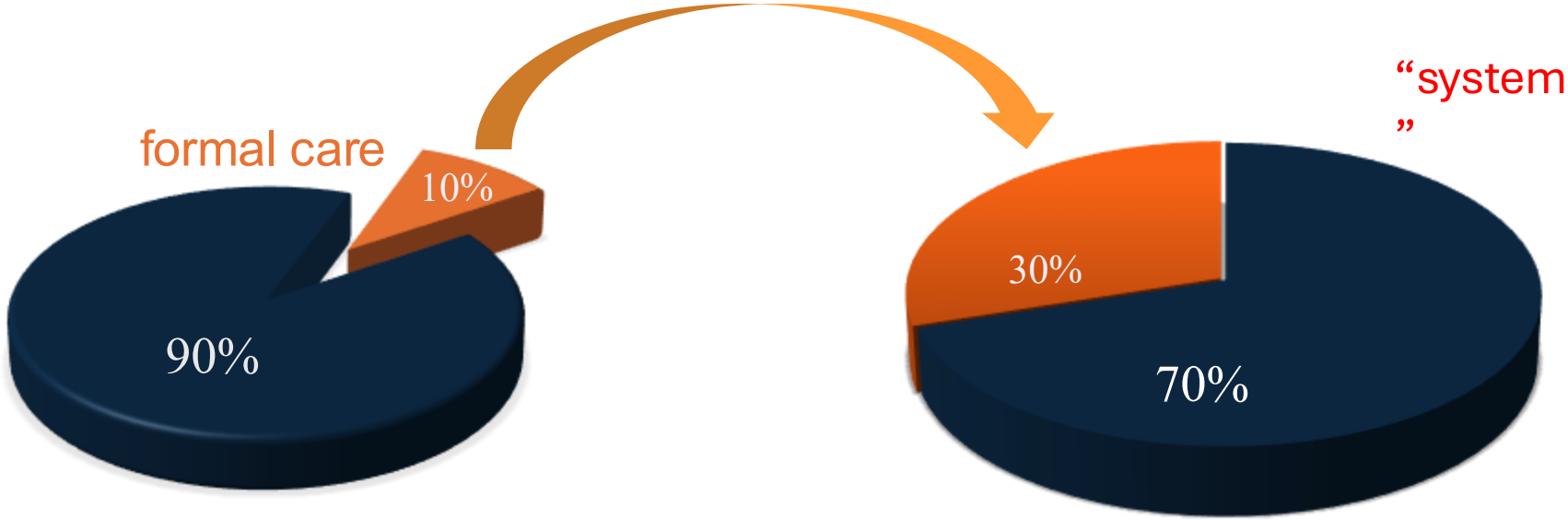



What if you could have perfect health…?

Healthcare


Health **care**

Who provides care?



informal care
(self-care +
family care-givers)

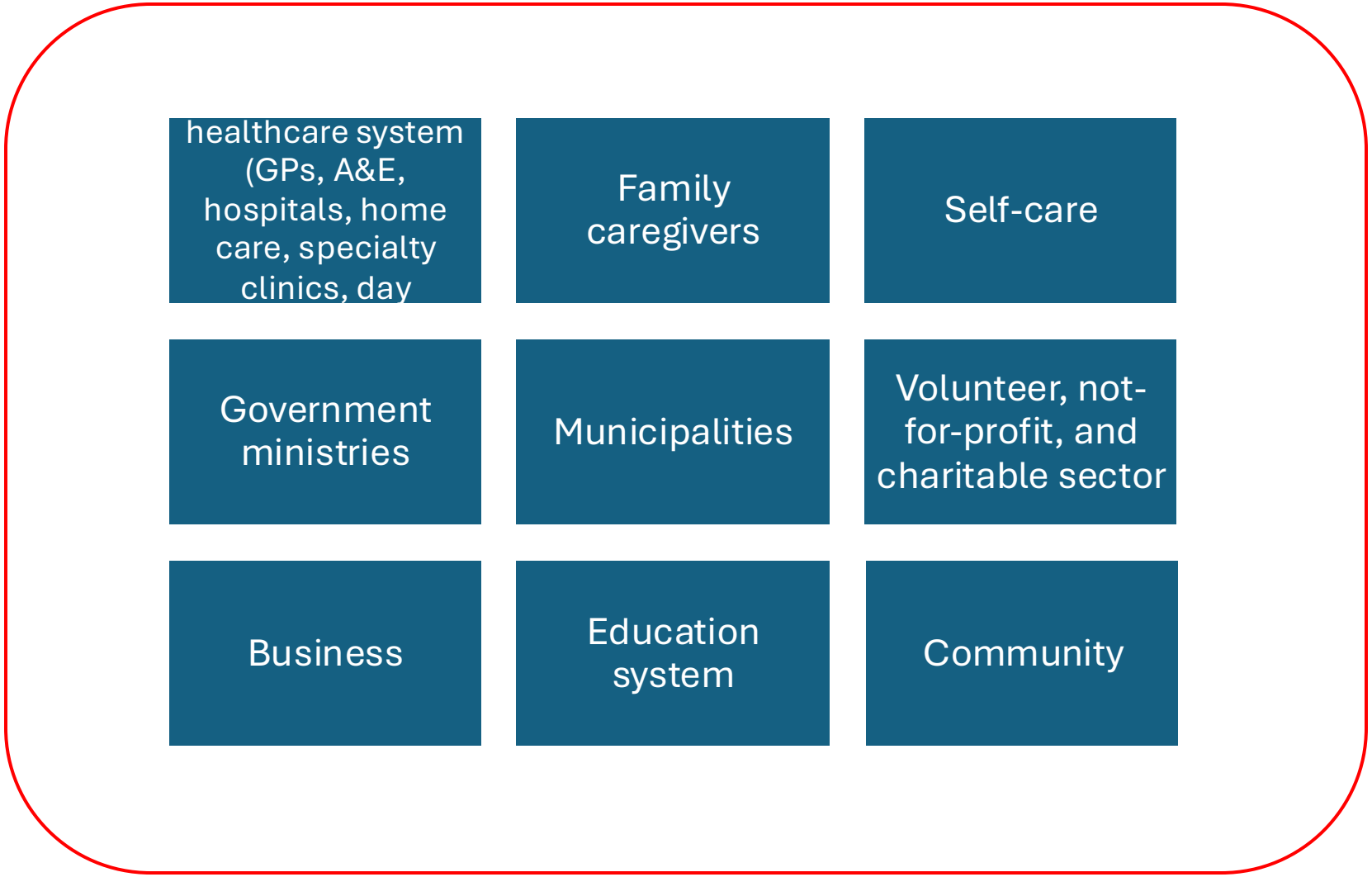
volunteer

Who is there to help?

Who is part of the team?

The formal healthcare system (GPs, A&E, hospitals, home care, specialty clinics, day programs)	Family caregivers	Self-care
Government ministries	Municipalities	Volunteer, not-for-profit, and charitable sector
Business	Education system	Community

Integration



Alberta

Unrecognized resource

- Self care $1B (extrapolation from HQCA, Gov't of Alberta – could be closer to $3.2B based on US data)
- Volunteer $9B (Gov't of Alberta)
- Informal care giver $9B (Caregivers Alberta)
- Business $1B (estimate via CRA – donations, foundations, in-kind)
- Municipalities $2B-32B (extrapolation from City of Edmonton direct expenditures on social care; but estimates are that 70% of municipal budgets are spent on social determinants of health. Thus $46 billion (GoA) x 0.7 = $32 billion)

- **Total: $22- 52B**

ABOUT THE SECTOR

Share

Charities in Ireland play a vital role in society - they make a difference to millions of lives here and across the world.

Despite a huge variance in the size, structure and composition of organisations within the sector, they share a few things in common. 1) They are all run by volunteers i.e. on their boards or committees; and 2) they all do work for the public benefit i.e. no gain or benefit is given to owners or shareholders.

Ireland's community, voluntary and charity sector makes a very substantial contribution to society in general. There are almost 10,000 registered charities and a further 20,000+ organisations in Ireland's wider nonprofit sector. The sector has combined annual turnover of over €14.5bn, employs over 190,000 staff, benefits from the voluntary work of over 50,000 volunteer board members/directors and the work of over half a million "operational" volunteers, (valued by the Central Statistics Office at around €2bn per year). Indecon Economic Consultants estimate (in a report published by the Charities Regulator in 2018) that total direct, indirect and induced value of the impact of the work of Ireland's charities exceeds 24bn Euro.

How do we create an integrated health and wellness care system?

Get your hands dirty

It is an art, it is a craft, but international experience suggest the need to just start, learn, measure and continuously adapt = learning health system.

There is no playbook; context plays a huge role

Success is multifactorial, broader than what we think, but difficult to comprehensively measure using existing tools

It can be messy

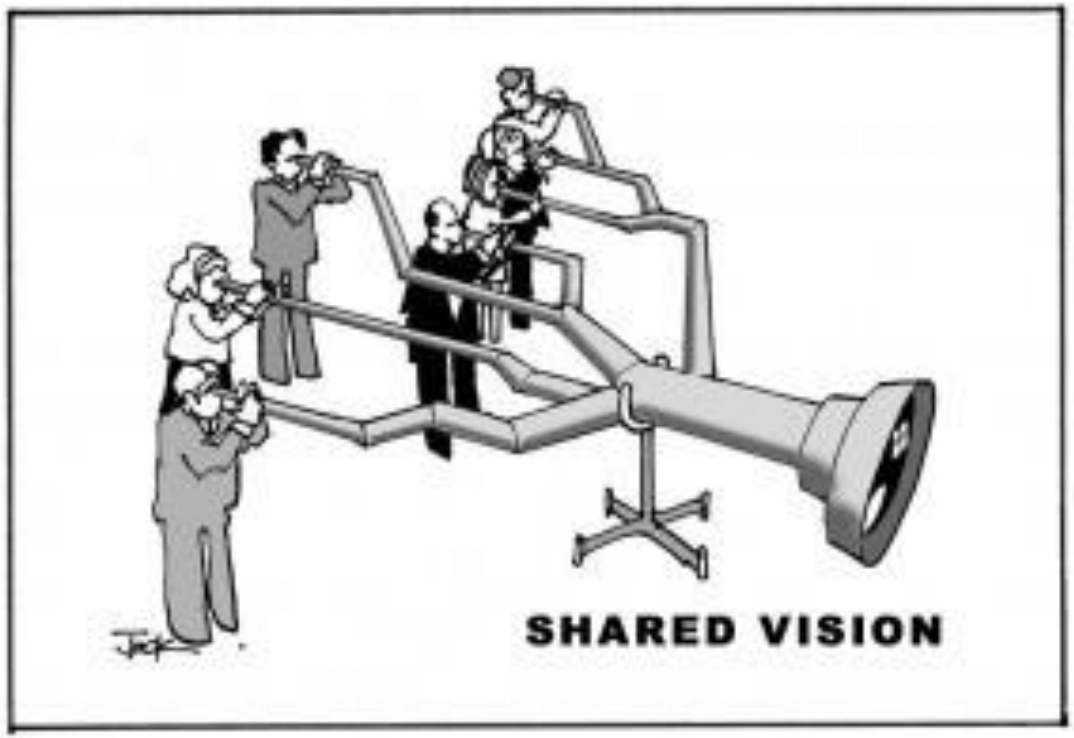
Reframe challenges within a complex adaptive system.

Seek solutions together.

Inform practice and policy

**"Stop asking me if we're almost there!
We're *nomads*, for crying out loud!"**

For any system transformation…



Anything can be accomplished if we have shared values and vision

The rest is just details

9 pillars of integrated care

1. Shared values and vision

2. Population health needs and local context

3. People as partners in health and care

4. Resilient communities and new alliances

5. Workforce capacity and capability

6. System wide governance and leadership

7. Digital Solutions

8. Aligned payment systems

9. Transparency of progress, results & impact

9 pillars of integrated care

1. Shared values and vision
2. Population health needs and local context
3. People as partners in health and care
4. Resilient communities and new alliances
5. Workforce capacity and capability → Family caregivers; self care
6. System wide governance and leadership
7. Digital Solutions
8. Aligned payment systems
9. Transparency of progress, results & impact

9 pillars of integrated care

Do locally, that which makes sense to do locally; regionally, that which makes sense to do regionally; and nationally, that which makes sense to do nationally

9 pillars of integrated care

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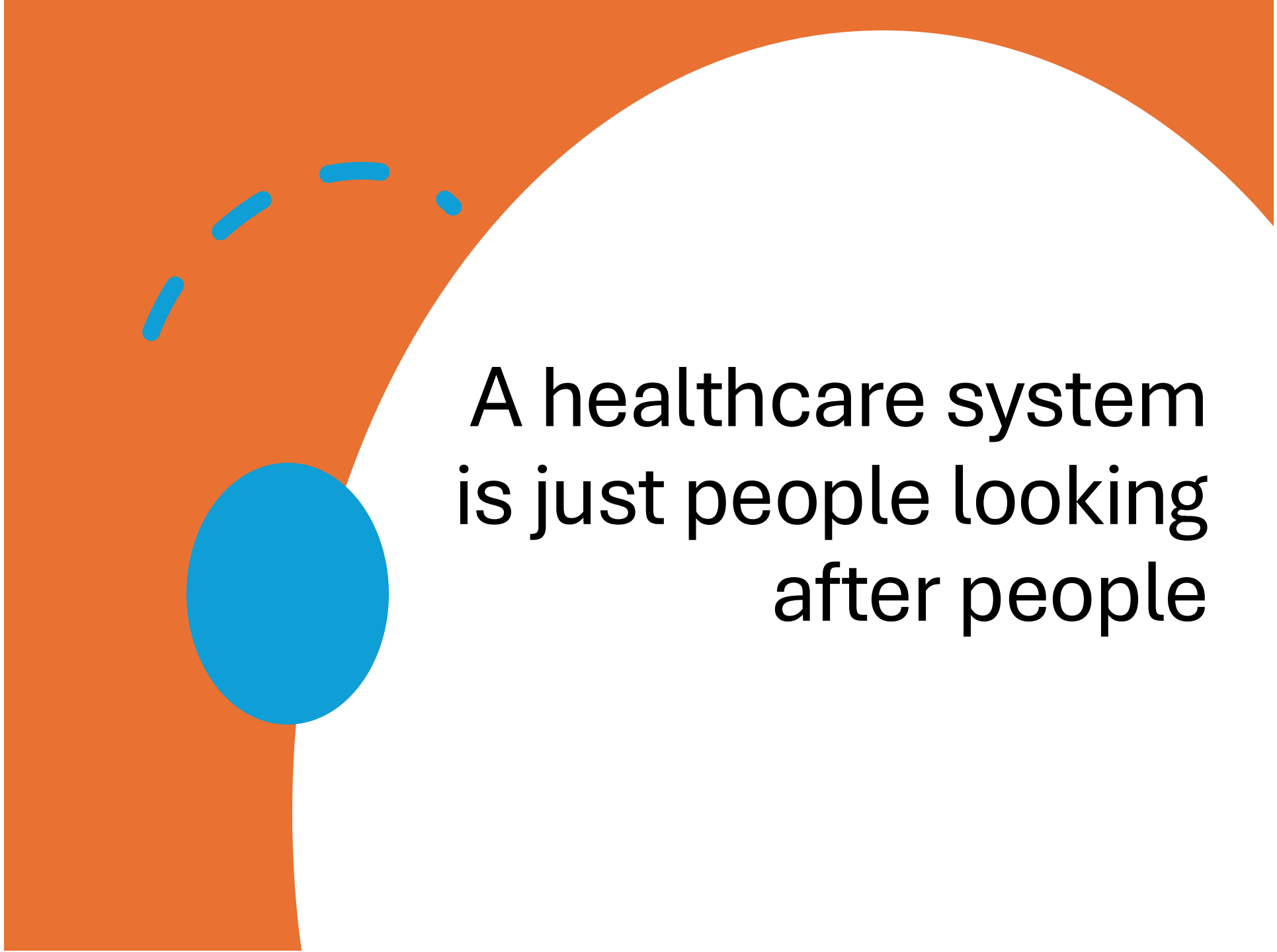
8. Aligned payment systems

Match resources to need

9. Transparency of progress, results & impact

9 pillars of integrated care

Are we getting there?
Are we achieving the desired outcomes?
Measure, learn and adapt


A healthcare system is just people looking after people

The End

Thank-you !