

# Surgeon General's Integrated Health Strategy – 2017

## INTEGRATION FOR BETTER HEALTH

• • — — — — — • • — — — — —



National  
Defence

Défense  
nationale

# Canada



The Canadian Forces Health Services Group (CF H Svcs Gp) is comprised of an incredibly talented group of professionals all working hard to provide safe, high-quality health care. This strategy builds upon the great work we do as individuals and as small teams and integrates us with our key stakeholders at the organizational level to achieve greater communication and coordination to deliver on our Quadruple Aim goals.

Integration for Better Health is our roadmap to focus and shape how the CF H Svcs Gp team will work effectively together while engaging our partners in achieving excellence and creating a healthier future.

The strategy positions us well to build on our existing strengths, while addressing the current and future health system challenges. This includes the delivery of high-quality, patient-partnered care by embracing the

Quadruple Aim and strengthening our decision-making/governance, as well as leveraging performance measurement, research and technology to enhance patient health.

While there will be specific action plans developed and implemented to assist in achieving our goals, this strategy will serve as a strong foundation and guide for all of us as we continue to provide and enhance our care and services to all Canadian Armed Forces (CAF) members, and to each other, through our daily work. We will monitor and evaluate our success and provide you with regular updates on our progress.

Each of you is in some way connected to our three-fold mission to deliver health services, provide deployable health capabilities, and provide health advice – and you play an invaluable role in the implementation of the Integrated Health Strategy. It is important that all of us are engaged

and inspired, that we understand what the priorities and goals mean, and that we know how each person can contribute to some or all of them. We know that the best ideas come from our people – we look forward to hearing your ideas and seeing them breathe life into this Integrated Health Strategy as we shape our collective future, together.



H.C. MacKay  
Brigadier-General  
Surgeon General

Scott A. McLeod  
Colonel  
Deputy Surgeon General

Dwayne M. Lemon  
Colonel  
Chief Dental Officer/Dir. Dental Svcs

Andrew M.T. Downes  
Colonel  
Director Mental Health

Gary P. O'Neil  
Colonel  
Director Health Services Delivery

Roger L. Scott  
Colonel  
Director Health Services Reserve

Pierre J. Morissette  
Colonel  
RCAF Surgeon

Rebecca L. Patterson  
Captain (Navy)  
Deputy Commander

Marc J.G. Bilodeau  
Colonel  
Commander, 1 Health Services Group

Jim G. Kile  
Colonel  
Director Medical Policy

Scott F. Malcolm  
Colonel  
Director Force Health Protection

A. G. Haley  
Commander  
RCN Surgeon

Gisèle M.H. Fontaine  
Colonel  
Chief of Staff

Stephan M. Plourde  
Colonel  
Commander, 4 Health Services Group

Peter J. Clifford  
Colonel  
Director Health Services Operations

Daniel A. Farris  
Colonel  
Director Health Services Personnel

Annie M.C. Bouchard  
Colonel  
Canadian Army Surgeon

## TABLE OF CONTENTS

<b>Introduction</b>	<b>2</b>
<b>The Health of CAF Personnel</b>	<b>4</b>
<b>A More Integrated Approach to Delivering Health Care</b>	<b>6</b>
<b>Integrated Health Strategic Priorities</b>	<b>8</b>
• Invest In Our People	9
• Improve CF H Svcs Gp Integration	10
• Embrace the Quadruple Aim	14
• Expand Knowledge to Protect and Enhance Patient Health	18
• Optimize Technology and Foster Innovation	18
• Strengthen Governance	19
• Conduct and Leverage Performance Measurement	19
<b>Conclusion</b>	<b>20</b>

.. - . - . - . - . - . - . - . - .  
(INTEGRATION in Morse Code)

Morse Code was a means of early communication used for transmitting messages by audible or visual signals that correlated to each letter of the alphabet. Before the invention of Morse Code and the telegraph, messages

were still handwritten and carried by horseback. At the time of its invention, it revolutionized communication. Morse Code was especially pivotal during the second World War because it greatly improved the speed of communication – naval war ships were able to communicate with their bases and provide critical information to each other; war planes used Morse Code to detail locations for enemy ships, bases, and troops and relay them back to headquarters.

*Communication tools have come a long way since then, yet effective, clear, targeted and timely communication remains a challenge in today's fast-paced and complex organizations - including ours. The Morse Code on the cover serves to remind us that the successful implementation of our Integrated Health Strategy requires optimized communication and collaboration, within CF H Svcs Gp and with all our stakeholders, as we work toward our shared goal: better health.*





# Introduction

## Shared Purpose

**A patient-partnered health system with well-integrated health-related programs and services that maximize operational readiness and lifelong health.**

Health, particularly in a military context, is a complex concept unique to each person, difficult to define, and challenging to operationalize. We know that health is not merely the absence of illness, and that there are many

determinants of health such as education, social supports and employment. The Canadian Medical Association considers access to health care and a health care system to be only 25% of the social determinants of health. (*Figure 1*) We also know that healthy Canadian Armed Forces (CAF) personnel are more resilient to both the physical and psychological challenges expected during a military career.

Most health systems have historically been designed to treat illnesses and injuries as they occur and have, therefore, been seen as *reactive* systems. Modern health care favours a *proactive* health system which actively engages in programs that prevent disease, protect people from injury and illness, promote healthy lifestyles and

provide safe, high-quality health care. A properly functioning health system within the CAF must, therefore, continue to evolve in order to address these areas.

Looking after both the health and the health care of CAF personnel is a complex task – not only do we need to be well integrated internally to optimize the functioning of our health system, we must also be synchronized with external partners, both within National Defence and the civilian sector. The Surgeon General's Integrated Health Strategy is intended to achieve both objectives.



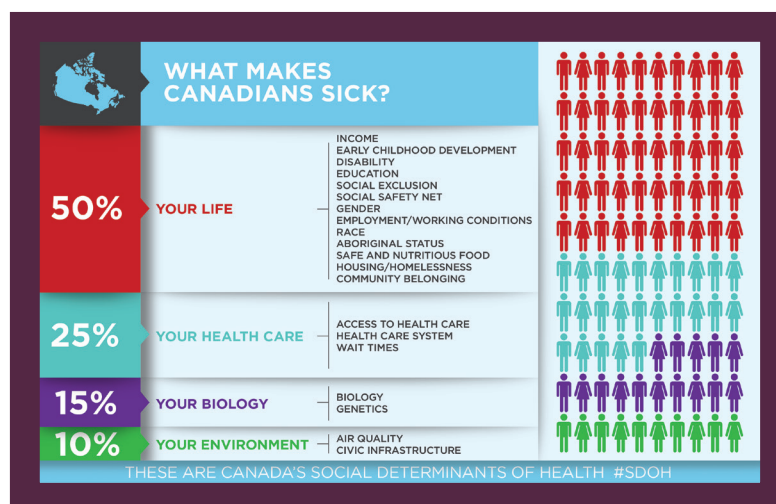
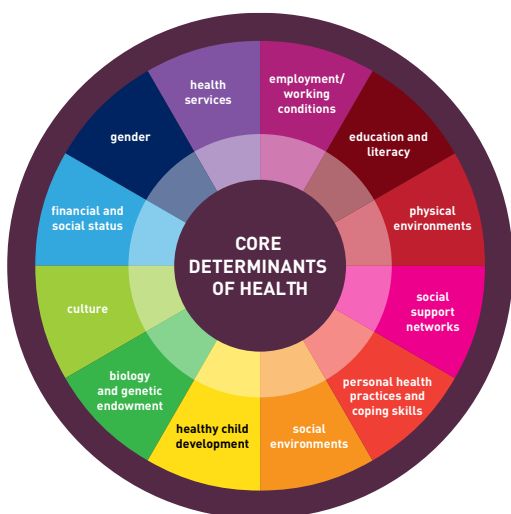


Figure 1 – The Determinants of Health – statistics provided by Canadian Medical Association, 2015

People, the human capability of defence, are our most valuable resource. The CAF's operational capability, effectiveness and reputation are founded on our military personnel, and as such we must invest in their health and wellbeing.



# The Health of CAF Personnel

**The Universality of Service or “soldier first” principle requires that members be physically and mentally fit, employable and deployable at all times.**

**The total health of all personnel is a top priority for the CAF, and the mental and physical resilience of all CAF personnel are recognized as key determinants of success or failure in military operations.**

The CAF arguably has a better understanding of the overall health of its workforce than any other organization in Canada thanks to the multiple Health and Lifestyle Information Surveys (HLIS) completed over the past 15 years, the 2002 and 2013 Statistics Canada surveys on CAF Mental Health (CFMHS) and the Canadian Forces Cancer and Mortality Study (CFCAMS). In addition, the Director General Military Personnel Research and Analysis (DGMPPRA) conducts bi-annual surveys that capture the level of workplace satisfaction which is an important component of health. These studies represent the most comprehensive sources of information for understanding the health of the CAF population and have led us to better understand the areas where we can focus our attention. Musculoskeletal (MSK) problems and mental

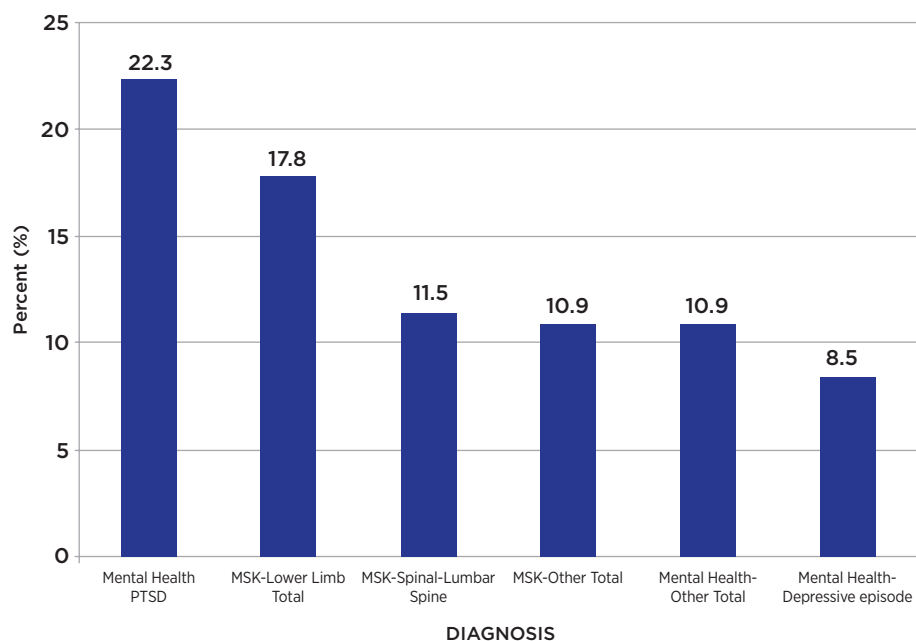
health disorders, including addictions, feature prominently in the findings. They have been recognized as fundamental factors impacting members’ health and operational readiness and are the leading causes of medical attrition each year. *(Figure 2)*

The cost of poor health highlights the importance of health promotion, health protection and disease prevention that focus on interventions aimed at avoiding illness or injury in the first place. For example, obesity is known as a contributing factor to a number of conditions including hypertension, diabetes, high cholesterol, heart disease, sleep apnea, stroke and osteoarthritis, to name a few. Taking into account the costs associated with dietary counselling, medications and bariatric surgery, as well as the



costs to address medical issues associated with obesity, there is a significant financial impact on our health care system – in the millions of dollars every year.

Preventing illness and injury – and all their related costs – is not something the CAF health care system can do on its own. A fully integrated approach for lifelong health includes support from other CAF programs that focus on optimizing health and the full participation of the military Chain of Command (CoC), the member and the member's family.



*Figure 2 - Leading Causes of Medical Attrition (2016)*





# A More Integrated Approach to Delivering Health Care

The CAF requires a health system that is well integrated, effective and efficient in all that it does. Although we have team-based health care in our clinics we have not fully developed into an integrated health care system in-garrison and throughout the operational spectrum. Our success depends on improvements such as our medical and dental teams working more collaboratively with each other, and better

linkages between our specialty mental health services and our primary care clinics. To foster informed decision making, our preventive medicine programs and our care delivery teams need to be better connected. We must ensure that care provided during deployed operations is coordinated with the care received at home, and that our Reserve Force and Regular Force work seamlessly as one health team.

The CF H Svcs Gp does not function in isolation and, therefore, it must also be effectively integrated with the CoC; the federal, provincial and territorial health care systems; our families; and other programs and services within the CAF. We are all connected around one overarching priority and that is the health needs of the soldiers, sailors and aviators who serve Canada as members of the CAF.







# Integrated Health Strategic Priorities

Leveraging opportunities for strengthened integration is the theme woven throughout the Surgeon General's Integrated Health Strategy. Greater integration among various programs and services that focus on optimizing health will aim to eliminate silos by fostering frequent and targeted interaction and information sharing to provide the highest quality of care. This means that health promotion programs will be well connected with the provision of care; that we will minimize duplication of work; and that lessons learned will be captured centrally, shared and applied throughout the system. It means finding ways to have a CAF health care system that has a family and patient-partnered approach to care that meets the unique physical, psychological, social, family and spiritual needs of the individual. Our system must be one where patients are partners – not just participants – in their health care.

To achieve this, the Surgeon General's Integrated Health Strategy will focus on seven priority areas, each with their own specific goals. (Figure 3) Although everyone in CF H Svcs Gp is expected to embrace the spirit and philosophy of this Integrated Health Strategy, a number of 'Leads' will gather teams to

develop strategic action plans and implementation roadmaps for specific goals. These plans will be centrally coordinated and monitored to ensure a consistent focus on the improvement of CAF health outcomes through an integrated delivery of health programs and services.



Figure 3 – Integrated Health Strategic Priorities










## Invest In Our People

The foundation of the health system is the people that work within it.

The men and women who make up the CF H Svcs Gp are fundamentally the most important part of our organization and we must continue to invest in them. We must ensure that every person feels respected and safe in their work environment and that they are free of any form of harassment, abuse or assault.

Health care providers are subject to many stressors as they work diligently towards accomplishing the health care mission. Those who serve in the CF H Svcs Gp can suffer from mental and physical injuries and illnesses that require the best care – just as those to whom they provide health care services. There are, however, some unique barriers to care that must be removed and we must find better ways to care for and protect the health of our health care team. A healthy team will undoubtedly result in an improved ability to provide the best care possible which will generate better outcomes for our patients.

-  *Treat everyone with the highest level of respect and dignity.*
-  *Understand where barriers to care exist for members of the health care team and remove them, wherever possible.*
-  *Establish and sustain a strong system of building resilience and providing support for all members of the health care team.*
-  *Create a workplace culture/environment conducive to better attraction and retention, managing talent through our succession planning activities and employment of our people.*
-  *Provide the appropriate professional development that includes military training, specific clinical training and leadership development training.*





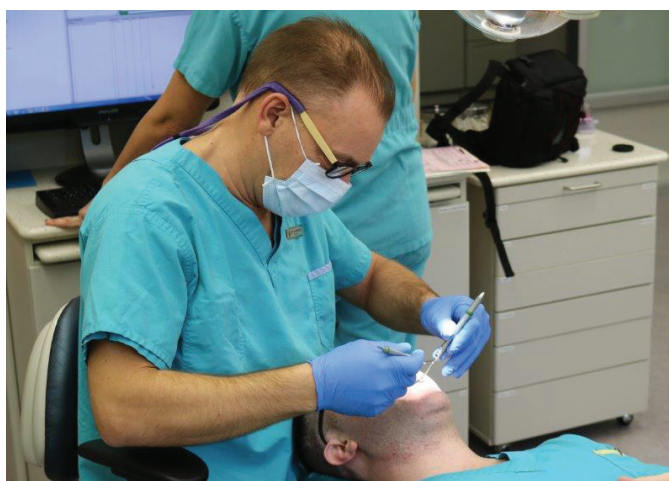
## Improve CF H Svcs Gp Integration

### INTERNAL INTEGRATION

The CF H Svcs Gp, as a health system in Canada, must ensure that a full spectrum of programs and services are available, such as: public health, occupational health, primary care, mental health, dental care and specialist services that include full-scale hospital services on deployed operations. In addition to this, the CF H Svcs Gp must manage certain corporate services, including: personnel training and education, recruitment and retention, professional development, succession planning, military health-specific research and health regulatory affairs. Fundamentally, all CF H Svcs Gp personnel are connected through our shared purpose to maximize lifelong health and operational readiness of those who serve Canada as members of the CAF, but we can still do more to improve integration.

● *Improve the collaboration between dental/medical, primary care/mental health/specialty care and health promotion teams, to better deliver integrated CF H Svcs Gp programs.*

● *Review our Health Services Reserve and improve their integration with all components of CF H Svcs Gp.*



### An Example of Integrated Care Delivery

*Obstructive Sleep Apnea (OSA) is a common airway problem with many causes that is characterized by frequent stoppages of breathing during sleep. For the CAF member, this disorder has a significant impact on operational deployability and employability. OSA can be costly to treat if not approached correctly and can have long-term health impacts. Proper and timely diagnosis and long-term management of OSA requires a multidisciplinary, collaborative and integrated approach including physicians, dentists*

*and sleep specialists. At the clinic level, the health care teams must collaborate in managing OSA patient care, and nationally, the CF H Svcs Gp must develop shared medical/dental OSA Clinical Practice Guidelines (CPG). These shared CPGs are designed to assist clinicians in determining the most appropriate treatment plan for this complex clinical problem so that outcomes for military members will be evidence-based, predictable and, most importantly, effective for the specific cause of their condition.*

## CF H Svcs Gp's INTEGRATION WITH CHAIN OF COMMAND AND THE MEMBER AND THEIR FAMILY – THE TRIAD OF RESPONSIBILITY

One of the most important components of integration is what is referred to as the “Triad of Responsibility” (Figure 4) between the CF H Svcs Gp, an individual's CoC and CAF personnel and their families. Without question, CAF members and their families must be fully engaged as a partner in their health, preventing illness and injury and participating actively in their treatment and recovery when they are unwell, so that they can improve their quality of life, long-term wellbeing and resilience, as well as their operational readiness.



Partnership means there is a shared accountability for health between the patient and their family, the Chain of Command, and the care provider/team.

Figure 4 – Triad of Responsibility

In addition, leaders at all levels within the CoC are ultimately responsible for the health of those under their command and have a significant impact on their health and wellbeing. The CAF is fortunate in that those who choose to serve Canada want to recover quickly, and the CoC knows that the sooner they return to duty, the better it is for team/unit cohesion and effectiveness. It is, therefore, essential that CAF personnel and their families, the CoC and the CF H Svcs Gp work as partners in maintaining and improving health. It is a shared responsibility and accountability to enhance the health and wellbeing of all CAF personnel, to ensure their successful return-to-duty and, when required, to optimize a healthy transition to civilian life.

- *Improve the CF H Svcs Gp's engagement with our patients, their families and the CoC, while respecting and protecting privacy rights and needs and desires of our patients.*



## INTEGRATION WITH OTHER CAF PROGRAMS, SERVICES AND STAKEHOLDERS

There are many programs provided in the CAF that have an impact on the health of CAF personnel and it is imperative that the CF H Svcs Gp understand and appreciate the key role that each program plays in maintaining and improving health. By improving our synchronization with these programs we will have a far greater chance of improving the overall health and wellbeing of CAF personnel. The following are examples of organizations and programs that have a significant impact on the health of CAF personnel. This list is far from exhaustive and represents only a small sample:

- Environmental and operational chains of command
- Director General, Morale and Welfare Services
- Chaplain General's Branch
- Directorate of Casualty Support Management
- Joint Personnel Support Units
- Canadian Army Integrated Performance Strategy
- Military Family Resource Centres
- Veterans Affairs Canada
- Director General, Compensation and Benefits
- Food Services

● *Seek out and find better ways to collaborate with core CAF programs that have an impact on the health and care of CAF personnel.*

● *Better integrate with Veterans Affairs Canada in 'closing the seam' for our transitioning members and facilitate the transfer of information between the two departments.*

## INTEGRATION WITH OUR CIVILIAN HEALTH CARE PARTNERS

The CF H Svcs Gp obtains a significant amount of health care from external providers. It is, therefore, essential that we have a strong working relationship with those provincial jurisdictions, facilities and care providers in order to ensure the full spectrum of care is available to all CAF personnel.

● *Continue to build strong working relationships with the civilian health sector at the local, provincial and federal levels.*

● *Maintain strong working relationships with the health professional organizations in Canada.*



## INTEGRATION WITH OUR ALLIES

Experience has demonstrated that the CAF will rarely deploy on its own, without the support of other military forces. We have worked closely with many other countries around the world and done so very successfully. We must continue to remain integrated with our allies so that we can confidently rely on each other and work together to enhance our readiness and reduce resource requirements.

- ✦ *Maintain our strong working relationships with our allies and find opportunities to develop common doctrine, standards and practices.*
- ✦ *Continue to identify and capitalize on joint training opportunities and enhance interoperability with our key allies.*







## Embrace the Quadruple Aim

The Quadruple Aim (*Figure 5*) has been adapted from the Triple Aim which was originally developed by the Institute for Healthcare Improvement (IHI). The CF H Svcs Gp will adopt the Quadruple Aim in two different ways: first it will be used as a lens through which decisions and programs can be evaluated for relevance and value, and secondly, it will be used as a grouping of outcomes for which the CF H Svcs Gp should be striving. Defined by the acronym “HERO”, the core components of the Quadruple Aim are:



*Figure 5 – Quadruple Aim*

## HEALTHY POPULATION

The 2013/2014 HLIS and the 2013 CFMHS have identified key issues impacting the health of the CAF, namely: a continuing rise in obesity, time spent in sedentary activities and preventable injuries, as well as a high percentage of CAF personnel who exceed low-risk drinking guidelines. Mental health concerns such as PTSD and depression remain higher within the CAF than in the civilian population.

Enhancing the health of the population means promoting health, preventing illness and injury as well as protecting against occupational and environmental exposures. This is achieved by encouraging positive, long-term health behaviours, addressing root causes of poor health through actions that engage the individual, the CoC and the population. The CF H Svcs Gp will continue to deliver their core business of improving the health of the CAF population, and will specifically focus special effort on the following goals:

- *Reduce obesity.*
- *Reduce tobacco usage.*
- *Reduce preventable injuries.*
- *Improve mental health and resilience.*
- *Enhance the CAF addictions treatment program.*
- *Improve oral health, including the reduction of incidence, severity and recurrence of caries and periodontal disease.*

## 2013/2014 HLIS

**25.0%**

**OBSIDITY**  
20.2% in 2004

**23.5%**

**EXCEED LOW-RISK  
DRINKING GUIDELINES**

**32.3%**

**REPETITIVE STRAIN  
INJURIES**  
22.6% in 2004

## 2013 CFMHS

**DEPRESSION**

**2x**

**that of comparable  
civilian population**





## ENHANCED PATIENT EXPERIENCE

The patient experience starts from the moment people contact the health care system. A positive initial and sustained experience will increase the chances of a positive outcome. Enhancing the patient experience means we must provide consistent, high-quality services that have a foundation of evidence-based accessible health care. We will continuously strive for excellence, improve clinical outcomes and enhance the patient experience. The initial phase will focus on six goals:

- *Review the present delivery model for primary care, mental health care and dental care, and revitalize it to meet our requirements for provision of care today and in the future.*
- *Ensure our patients are central to our policies, programs and services and that they become partners in their health care experience, not simply participants.*
- *Embrace quality of care and patient safety as a core line of business in all care environments and institutionalize a culture of shared ownership.*
- *Strive for excellence in “customer service”.*
- *Develop an effective, efficient and appropriate health assessment to support the employability and deployability of the CAF for both domestic and international operations.*
- *Reduce variance in treatment to improve outcomes and enhance patient experience.*

## RESOURCE STEWARDSHIP

Resource stewardship in health care is the ethical and responsible planning and management of human, materiel and financial resources, as well as knowledge and information, that balances competing non-clinical influences and clinical demands to ensure efficient and effective health services. This does not mean that we are trying to find ways to save money. There is significant evidence to support the notion that *more* health care does not necessarily equate to *better* health care. Evidence also demonstrates that providing safe, high-quality health care can be more cost effective in the long term. The natural result of providing excellence in health care should simultaneously result in a more effective use of our resources.

- *Review utilization data for diagnostic and treatment modalities for specific conditions and compare these against best practice guidelines and patient outcomes in order to determine instances of overutilization.*
- *Integrate and streamline business processes linked to the provision of care.*



## OPERATIONAL EXCELLENCE

Operational excellence means we have a healthy force capable of peak performance and health services ready to meet operational demands, both clinically and militarily. This captures the duality of our military health care system and helps the entire CAF recognize that the CF H Svcs Gp has a responsibility to provide care on a daily basis and also to be prepared to conduct operations anywhere in the world. This means we must be properly trained, both clinically and militarily.





- ◆ *Improve our force posture and readiness tracking and reporting to include such things as health care equipment, policies and doctrine.*
- ◆ *Better define the clinical competencies and readiness requirements for all clinicians.*
- ◆ *Determine and validate our clinical readiness to meet operational requirements, including Maintenance of Clinical Readiness Program (MCRP) and collective readiness training and assessments.*
- ◆ *Improve our ability to track and report on the health readiness of the CAF.*





## Expand Knowledge to Protect and Enhance Patient Health






In striving for excellence in health services there must be a strong foundation for not only understanding the health of the population we serve, but also for better understanding how the care we provide impacts the health outcomes we are trying to achieve. This means we must expand our knowledge and follow through with implementable actions.

-  *Better align research with operational requirements.*
-  *Improve coordination of research efforts with our allies, academia and civilian health systems.*
-  *Identify new and innovative approaches to understanding the health of the population in the most effective and efficient manner.*
-  *Improve how we develop, track and communicate our best practices and lessons learned.*



## Optimize Technology and Foster Innovation

Technology is a core part of Canadian life today and will continue to be in the future. We must embrace technology and look for innovative solutions as a way to not only improve how we work and communicate, but to change adverse health behaviours, provide better advice to CoC and, ultimately, improve the health of all CAF personnel.

-  *Seek and employ technology to improve access to care.*
-  *Seek and employ technology to improve patient engagement in their own care.*
-  *Optimize technology to improve communications within CF H Svcs Gp and with civilian partners.*
-  *Optimize technology to improve health surveillance.*
-  *Optimize technology to remain current in all areas of clinical health care.*
-  *Advance the use of personalized/precision health care.*





## Strengthen Governance

The CF H Svcs Gp has the unique context of having three distinct governance requirements. As with any other military system, there is a command and control requirement. As with any federal government department, there is a corporate governance requirement for the management and accountability of resource expenditures. Last, but certainly not least, there is the requirement for a clinical governance framework that aims at ensuring that safe, high-quality care is being provided throughout the health system.

- Develop the authority, responsibility and accountability framework for effective governance with a specific focus on developing a robust system of clinical governance.*
- Ensure there is a clear decision-making framework.*
- Optimize the organizational structure across the three distinct governance requirements.*
- Provide support and advice on the development of the appropriate CAF legal/policy framework for running a health system.*



## Conduct and Leverage Performance Measurement

Determining priority areas of effort and goals to be achieved is important, but without performance measurement we cannot track progress or identify areas for improvement. For this reason, it is essential that we have a robust performance measurement framework that not only measures how well our program is doing but also provides valuable information for us to share with CAF personnel and the CoC in order for all of us to find ways to improve the health and wellbeing of the CAF.

- Develop, validate and implement a performance measurement framework that is aligned with the Quadruple Aim and provides decision-making tools that are useful to all levels of the CF H Svcs Gp, the CoC and CAF personnel.*



# Conclusion

Those who serve Canada as members of the CAF do so with unlimited liability, voluntarily putting their lives on the line for their country. It is our role to help prevent illnesses and injuries and to promote lifelong health. If an injury occurs or an illness develops, whether that is physical or psychological, people must have access to safe, high-quality, patient-partnered health care, no matter where they are.

The CF H Svcs Gp strives to deliver the best health care in Canada. By continuing to invest in a well-integrated and professional health care system, this is achievable. It requires a well-trained, well-equipped, well-organized, and efficient team.

This strategy provides an overview of our seven priority areas, related goals, and critical external partners for

all those who provide health services to CAF personnel. This strategy will drive the development of specific action plans for implementation. Every member of the CF H Svcs Gp needs to understand their role in achieving these goals and how they can contribute to improved collaboration and integration over the next five years. Breaking down organizational silos and collaborating more effectively





are mindsets that we must all embrace. An essential area of focus is our Triad of Responsibility which requires integration between members and their families, the CoC, and the CF H Svcs Gp. Improving the way we deliver health care will require the commitment of the entire team, and it all starts with you, right now!

Together, we will ensure  
*Integration for Better Health.*





