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POSTER ABSTRACT

Supporting autonomy through integrated care and service delivery mechanisms

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Background: Population aging and the growing prevalence of chronic diseases are exerting increasing pressure on health systems, particularly regarding the management of individuals experiencing a loss of autonomy. Integrated care and service delivery have emerged as essential responses to the challenges of fragmentation, continuity, and coordination across care trajectories (Hébert et al., 2020; Couturier et al., 2021).
This study aims to examine contemporary integrated models, their conditions for implementation, and their effects on quality of life and organizational performance within the Quebec health and social services context.

Objective: To identify key levers for developing care and service pathways that support autonomy among individuals requiring integrated care.

Approach: A qualitative descriptive single-case study design (Yin, 2014) was conducted within an Integrated Health and Social Services Center (CISSS) located in a semi-urban region of Quebec. Nested levels of analysis covered the full continuum of care : primary, secondary, and tertiary sectors, constituting the “Support for Autonomy” trajectory. A semi-structured interview guide was developed based on Longpré’s (2017) Lo-DISS framework, which links governance, organizational, structural, and clinical processes with key institutional resources. Seven semi-structured interviews were conducted with clinical professionals, managers, and administrators. Data were analyzed using an inductive thematic approach supported by NVivo software.

Results: For each dimension of the Lo-DISS model (Longpré, 2017), strategic levers for integrated service systems (ISS) were identified. Findings highlight processes such as the strategic allocation of resources, governance that actively supports change management, and the development of a shared vision across levels of care. Organizational models emphasizing case management, centralized access points, and multi-client assessment tools were identified as facilitators of integration.

Quality management mechanisms, performance monitoring systems, shared and innovative roles, interprofessional collaboration, and competency development also emerged as central drivers.

Collectively, these findings suggest that combined investments in key resources, clinical processes, and managerial practices act as powerful levers for achieving effective integration of care and services.

Implications: Adopting and contextualizing an integrated care and service model to support renewed clinical governance provides a framework for deploying strategies that institutionalize collaborative clinical and management practices. These results reinforce the importance of aligning governance structures, intersectoral collaboration, and professional development to sustain integrated care initiatives in Quebec and beyond.