

Why a logic model?

A systems level logic model was developed to provide a road map of the theory-to-practice relationships important for implementing a sustainable integrated system of care for older persons and care partners living with complex health and social care requirements. Developed through an iterative and consultative process, the resulting logic model (see reverse) displays a step-wise design that emphasizes the role of systems infrastructures (macro) and organizational operations (meso) in shaping the conditions that give rise to integrated care at the point-of-care (micro).

This logic model graphically depicts the complex associations and linkages that form the basis of a system of integrated care for older adults. Relevant enablers, inputs, activities, outputs, and outcomes are portrayed across macro, meso and micro levels of support. Associated impacts are considered within the broader context of population health. Finally, connections between the proposed model and the objectives of the quadruple aim of health care are explored.

It is important to note that because the model illustrates a whole-systems approach, it resists categorization into segmented disease-specific care groups. Rather, the model advances the view that health services across the continuum of care, ought to work together to produce desirable outcomes for *all* older persons and care partners living with complex health conditions (population health and wellness approach) (Bodenheimer et al. 2014).

How might this logic model be used?

The logic model is intended to function as a tool to guide systemic change. For example, the model can be used as a communication tool to draw attention to the interrelationships between systems-level infrastructures (macro-level) that support the implementation of integrated care services across the continuum of health and social care organizations (meso level) to realize desirable health and social care outcomes for older persons and care partners (micro level). It can be used by policy decision-makers, administrators and others to inform decision-making at system, organizational and practice levels. This systems level logic model can inform the development of localized or programmatic logic models, which are a valuable foundation for evaluation activities.

Enablers		Interventions	Inputs	Activities	Outputs	Outcomes	Impacts	Aim
Conceptual	Structural		MACRO	MESO	MICRO			
Design Elements	Resources		Systems Infrastructures	Organizational operations	Provision of Care			
Multi-disciplinary teams	Implementation & evaluation frameworks	Systems infrastructures (physical, financial, human, regulative policies) that enable & incentivize the implementation of integrated care within and between health and social care sectors	Organizational operations (i.e. strategic, tactical, operational planning and resource allocation) to support the implementation of integrated care between and across health and social care organizations	Individual capacity (knowledge & skills) in the provision of care between and across providers, older persons and caregivers at the point of care	Basic	Systems policy decision-making that prioritizes the integration of infrastructures within and between health and social care systems	Organizational planning that supports operations between and across health and social care organizations	Individual capacity to integrate practice processes with health and social care professionals, older persons and care partners at the point-of-care
Collaboration					Mid	Implementation of systems infrastructures within and between health and social care systems	Implementation of operational supports between and across health and social care organizations	Implementation of integrated practice processes between and across health and social care professionals, older persons and care partners at the point-of-care
Cross-sector partnerships					High	Ongoing, interoperability of systems infrastructures within and between health and social care systems	Ongoing, interoperability of operational supports between and across health and social care organizations	Ongoing, interoperability of integrated practice processes between and across health and social care professionals, older persons and care partners at the point-of-care
Comprehensive assessment & care planning					Proof of practice pilot projects			
Integrated care at the point of care	Performance measurement indicators							
Shared responsibility for continuity of care	Tailored coaching & training supports							
Integrated SGS								
Integrated community & home-based interventions								
Older persons centred care								
Engaged older persons & family/friend caregivers								
Self-management support								
Integrated technologies								
Multi-tiered evaluation								