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# Integrated care models: conceptual approach

Leo Lewis

Senior Fellow

International Foundation for Integrated Care

# Key questions

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- What do we mean by integrated care?
- Why is integrated care now ‘in fashion’?
- Why is integrated care such a challenge?
- What are the main components to achieve integrated care?
- What are the critical success factors of adopting and mainstreaming integrated care ‘at scale’?
- How can success be defined and measured?

# What do we mean by integrated care?

Information

Communication

**Person centred co-ordinated care**

*"I can plan **my** care with people who work together to understand **me** and **my** carer(s), allow **me** control, and bring together services to achieve the outcomes important to **me**."*

Transitions

Care planning

My goals/outcomes

Decision making

National Voices, 2013

# Integration and integrated care

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***Integration*** – the combination of processes and methods supported by tools, particularly eHealth, that facilitate integrated care

***Integrated care*** – results when the culmination of these processes directly benefits care recipients and populations– it is by definition 'patient-centred' and 'population oriented'

**Integrated care** achieved if it is successful in contributing to providing better care experiences for care recipients and their carers – both informal and formal; improved care outcomes; delivery of cost effective and efficient care services

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'Without integration at all the levels within the care system, all aspects of care performance can suffer. Patients get lost, needed services fail to be delivered or are delayed, quality and patient satisfaction decline, and the potential for cost-effectiveness diminishes.'

(Kodner and Spreeuwenbur, 2002, p2)

# Key forms of integrated care

- Between health services, social services and other care providers (horizontal integration) eg SmartCare, Beyond Silos
- Across primary, community, hospital and tertiary health care services (vertical integration) eg CareWell
- Within one aspect of the care service eg mental health services through multi-disciplinary teams or networks
- Between preventive and curative services
- Between care workers and care recipients to support shared decision-making, self care and self management
- Between public health, population-based and patient-centred approaches to health and wellbeing

Adapted from *International Journal of Integrated Care*

# Who is integrated care for?

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- Integrated care is a delivery concept which is relevant for any people where gaps in care, or poor care co-ordination, leads to an adverse impact on care experiences and care outcomes – episodic and long term
- Integrated care initiatives often focus on people living with long-term chronic and mental health illnesses, and those with medically complex needs or requiring urgent care
- Integrated care is most effective when it is population-based and takes into account the holistic needs of patients
  - Disease-based approaches may lead to new silos of care!

# Why is integrated care a challenge?

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- IC does not appear to evolve as a natural response to emerging care needs **in any system of care** – whether this be planned or market-driven
- The evidence-base on which model is most successful is lacking
- Achieving the benefits of integrated care requires strong system and organisational distributed leadership, professional commitment, and good management
- Identification and resolution of systemic barriers to integrated care is critical – developing and sharing a vision to gain 'ownership' amongst all stakeholders

# Key organisational and management barriers

- Vision development and ownership takes time – creating a narrative
- Bringing together all the care workers around the needs of individual care recipients
- Addressing an unsustainable acute sector
- Managing demand whilst developing capacity in the system to take on new services and ways of working
- Establishing effective approaches to leadership and change management
- Overcoming professional tribalism and turf wars
- Addressing the lack of good data and IT to enable integrated care services to be targeted appropriately
- Establishing new forms of organisations and associated governance, eg federation of GP practices
- Willingness to learn from others!

(Ham and Smith, 2010; Goodwin, 2011)

# Key policy barriers

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- Payment policy that encourages acute providers to expand activity within hospitals (rather than across the care continuum)
- Payment policy that is about episodes of care in a particular institution (rather than payment to incentivise integration, such as payments for care pathways and other forms of payment bundling)
- Under-developed commissioning that often lacks real clinical engagement and leadership
- Policy on choice and competition
- Regulation that focuses on episodic or single-organisational care
- Lack of political will to support changes to local care, including conversion or closure of hospitals

(Ham and Smith 2010; Ham *et al* 2011)

# Key components of integrated care

**Care integration**

- Case finding and use of risk-stratification tools
- Standardised diagnostic and eligibility criteria
- Comprehensive joint assessments
- Joint care planning
- Integrated or shared care records
- Decision support tools eg care guidelines/pathways
- eHealth technologies, eg telehealth and telecare
- Communication tools

**Service integration**

- Care co-ordination
- Case management
- Disease management
- Single point of access / contact centre
- Multi-disciplinary teamwork
- Inter-professional networks
- Shared accountability for care
- Co-location of services
- Discharge / transfer / access agreements

# Critical success factors for integrated care - 1

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- **Defined populations** that enable health care teams to develop a relationship over time with a ‘registered’ population or local community, and so to target individuals who would most benefit from more co-ordinated approach to the management of their care
- **Aligned financial incentives** that:
  - support providers to work collaboratively by avoiding any perverse effects of activity-based payments
  - Promote joint responsibility for the prudent management of financial resources
  - Encourage the management of ill-health in primary care settings that help prevent admissions and length of stay in hospitals and care homes

# Critical success factors for integrated care - 2

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- **Shared accountability for performance** through the use of data to improve quality and accountability of stakeholders through public reporting
- **Information technology** that supports the delivery of integrated care, especially via electronic care records and the use of clinical decision support systems, and through the ability to identify and target 'at risk' patients
- **The use of guidelines** to promote best practice, support care co-ordination across care pathways, and reduce unwarranted variations or gaps in care

# What evidence do we need?

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- Impact on care recipient experience, including the development of ‘markers’ for improved processes of care
- Impact on use of services, especially those most costly elements, eg hospital admissions
- Impact on costs, and differentially on different parts of the care system
- Impact on outcomes, with markers developed

(Ramsay, Fulop and Edwards, 2009)

# Take home messages on integrated care

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- Best understood as a strategy for improving care
- The care recipient is the organising principle of integrated care
- One form of integrated care does not fit all
- Organisational integration is neither necessary or always sufficient. Virtual or contractual integration can deliver many benefits
- Care and service integration matters most
- Ensure a ‘bottom up’ approach is driving the ‘top down’ approach
- Undertake evaluation and build in quality improvement – it is only possible to improve what you measure
- Better care experiences, improved care outcomes, delivered more cost effectively are the keys by which integrated care should be judged

# Care and service integration

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