



International Foundation
for Integrated Care

Public and Private LTC providers Is there an ideal mixture?

Models of service provision

Albert Alonso, chair

1st Joint EAHSA – E.D.E. Congress, Prague, september'18



www.integratedcarefoundation.org

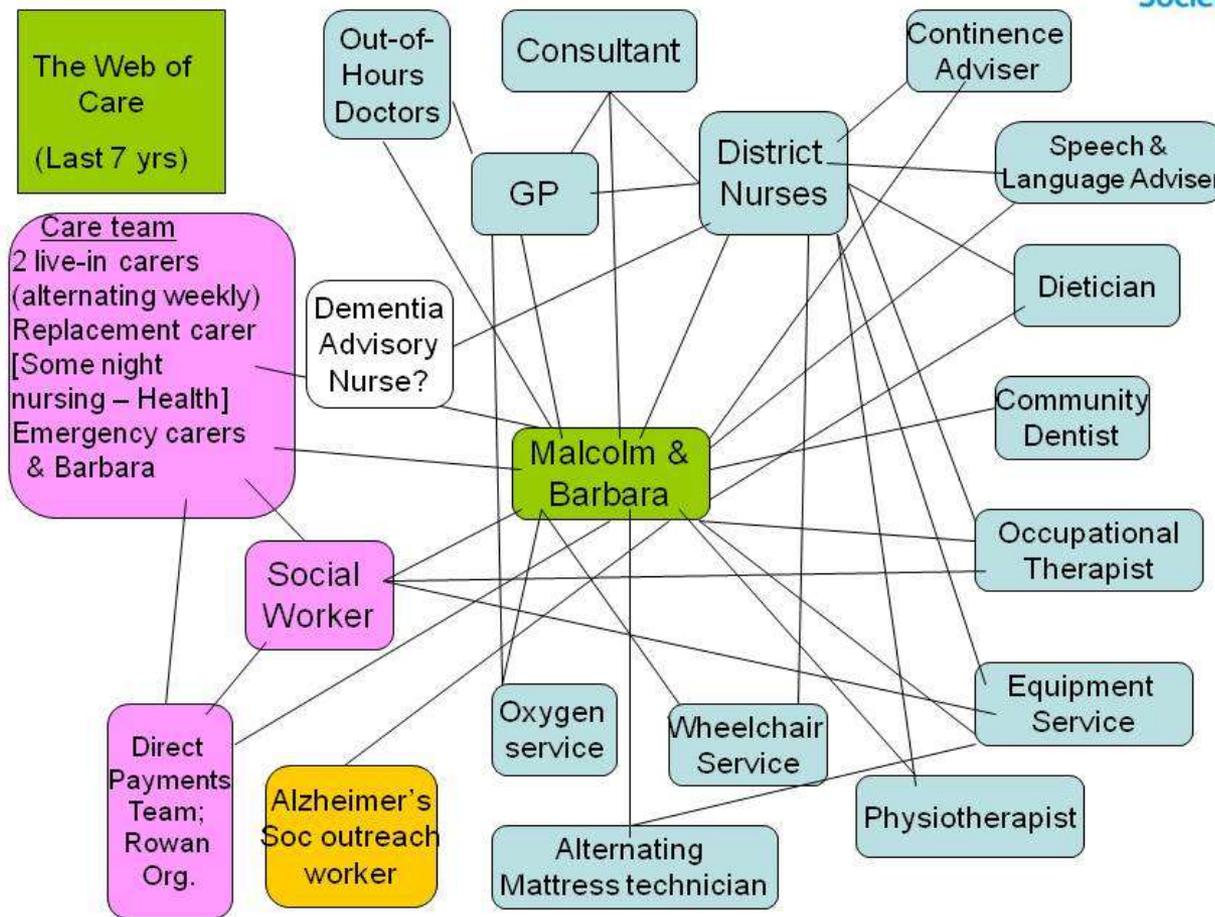


@IFICinfo



Patient's experience, the reason behind

Patients' experience of care and cure



<http://www.nationalvoices.org.uk/webs-care>

Issues on patient's experience

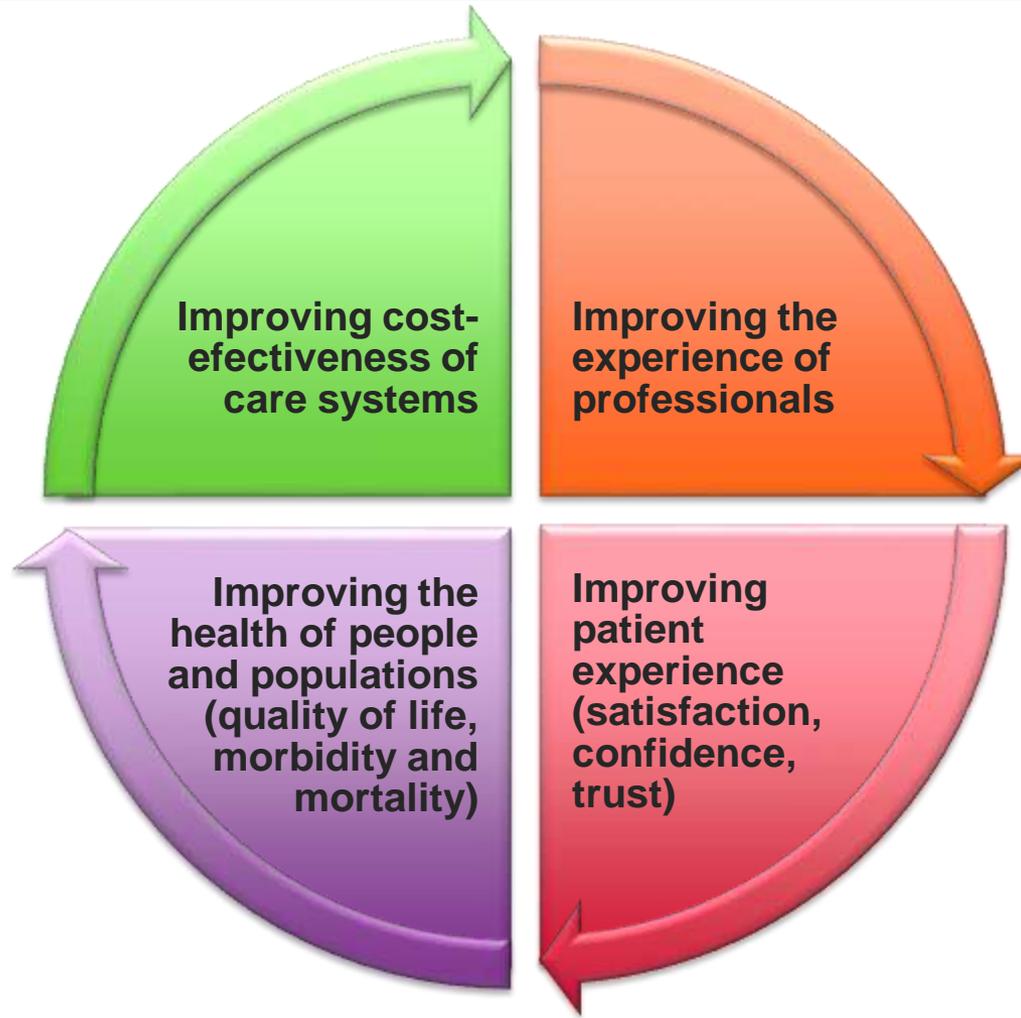
- Lack of ownership
- Lack of involvement of the patient/carer
- Poor communication between professionals and providers
- Care and treatment by different care providers for only a part of their needs
- Simultaneous duplication of care and gaps in care
- Poor and disabling experience for the service users
- Reduced ability for people to live and manage their needs effectively
- Poor system outcomes in terms of the inability to prevent unnecessary hospitalisations or long-term residential home placements

Goodwin N, Alonso A (2014) Understanding integrated care: the role of information and communication technology in Muller S, Meyer I, Kubitschke L (Eds) Beyond Silos: The way and how of eCare, IGI Global



A working hypothesis

Meeting “quadruple aim” goals



Berwick, D. M., Nolan, T. W., & Whittington, J. (2008), "The triple aim: care, health, and cost", *Health Aff. (Millwood.)*, vol. 27, no. 3, pp. 759-769.

Bodenheimer, T; Sinsky, C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014;12:573-576. doi: 10.1370/afm.1713.





Defining Integrated Care

A health system based definition

Integrated health service delivery comprises the management and delivery of health services such that people receive a continuum of health promotion, health protection and disease prevention services, as well as diagnosis, treatment, long-term care, rehabilitation, and palliative care services through the different levels and sites of care within the health system and according to their needs

(adapted from PAHO, 2011)

A process based definition

Integration is a coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for people by cutting across multiple services, providers and settings. Where the result of such multi-pronged efforts to promote integration lead to benefits for people the outcome can be called 'integrated care'

(adapted from Kodner and Spreeuwenberg, 2002)



A user-led definition

My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and delivery services to achieve my best outcomes

(National Voices, 2012)

What is integrated care?

Theoretically, a rather simple idea:

combining parts so that they form a whole (in other words, are integrated) in order to optimise care coordination and treatment around people's needs.

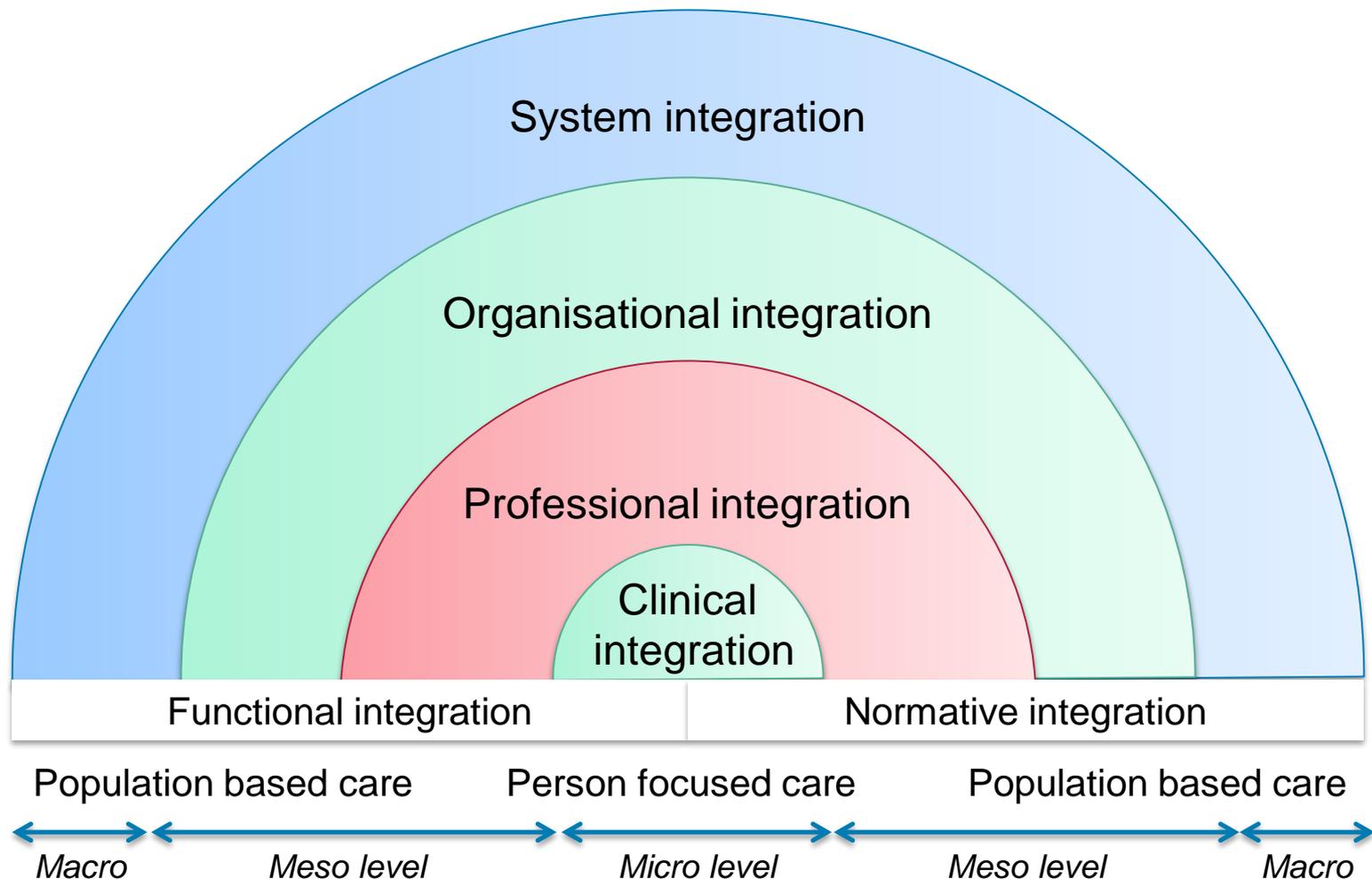
Goodwin, N. (2013), "Understanding integrated care: a complex process, a fundamental principle", Int. J. Integr. Care, vol. 13, p. e011.



Who is integrated care for?

- An approach for any individuals where gaps in care, or poor care coordination, leads to an adverse impact on care experiences and outcomes.
- Best suited to frail older people, to those living with long-term chronic and mental health illnesses, and to those with medically complex needs or requiring urgent care.
- It should not be solely regarded as a response to managing medical problems, the principles extend to the wider definition of promoting health and well being.
- It is most effective when it is population-based and takes into account the holistic needs of patients. Disease-based approaches ultimately lead to new silos of care.

Integrated Care as a Complex Adaptive System



Valentijn, P. P., Schepman, S. M., Opheij, W., and Bruijnzeels, M. A. (2013), "Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care", *Int.J.Integr.Care*, vol. 13, p. e010.



Integrated Care in practice Deployment at European level

A European landscape

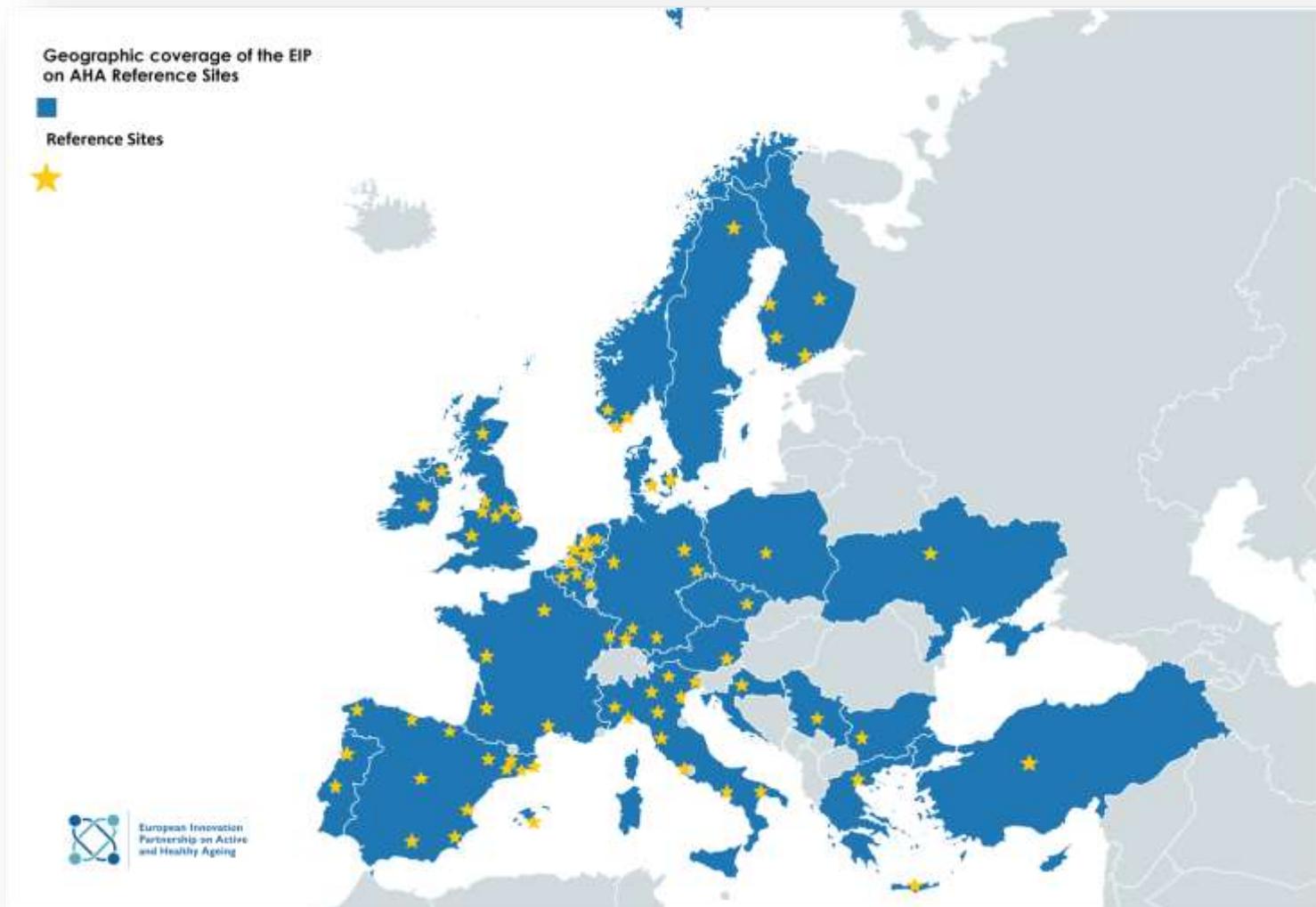


The screenshot shows the homepage of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA). At the top, there is the European Commission logo and the text "EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing". Below this is a navigation bar with a home icon and links for "About the partnership", "Action Groups", "Reference Sites", and "I2M". The main content area features a "Welcome to the EIP on AHA portal" section with a brief description of the platform's purpose. Below this is a "Highlights from" section with a sub-header "Save the date! The 2018 in Brussels. F" and a paragraph starting with "To further recognize Partnership and ad Commission has de". At the bottom left, there is a logo for "EIP on AHA" consisting of a network of blue nodes and lines.



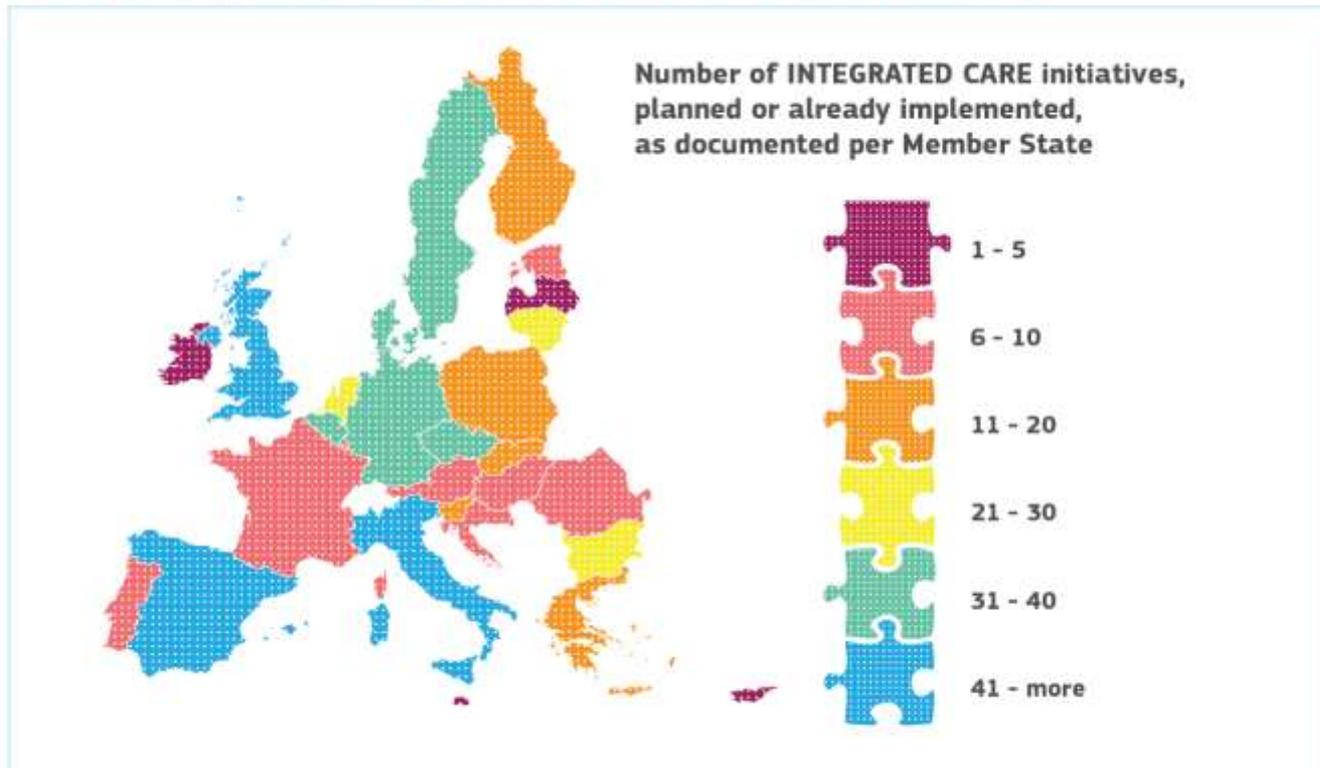
The screenshot shows the "Action Groups" page of the EIP on AHA portal. The header is identical to the homepage, but the navigation bar includes additional links: "Blueprint", "MAFEIP", "Library", "News", and "Events". The breadcrumb trail reads "European Commission > EIP on AHA > Action Groups > B3". A list of action groups is displayed, with "B3 Integrated care" highlighted in blue. Below the list, there is a photograph of a female doctor in a white coat and stethoscope smiling and talking to an elderly woman in a wheelchair. Underneath the photo, the text reads "Action Group B3 Replicating and tutoring integrated care for chronic diseases".

A European landscape



A European landscape

Figure 3.1. All Member States are active in integrated care development



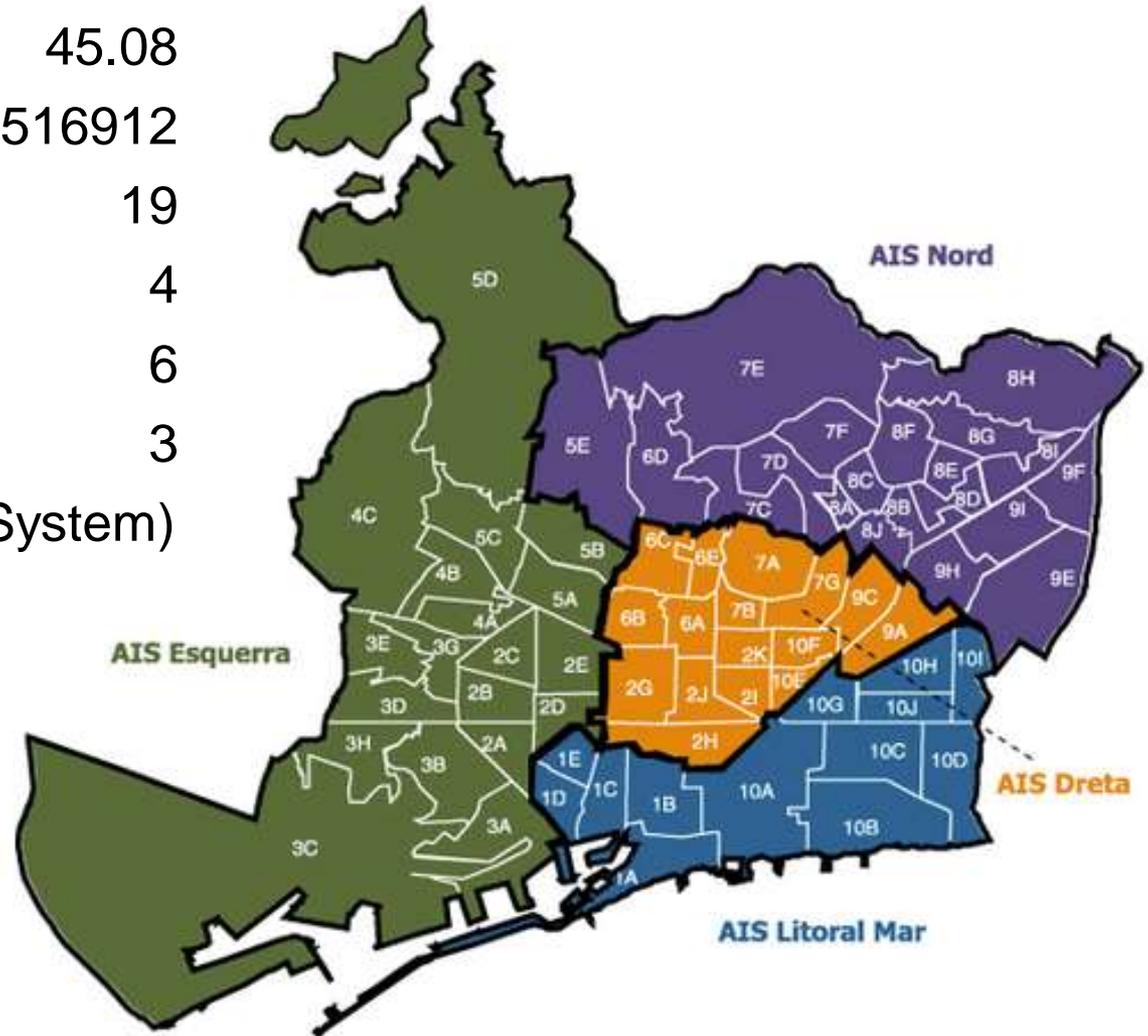
Source: Preliminary findings (September 2017) from a non-exhaustive depository of different types of integrated care initiatives across the EU, as part of a Commission study on the performance assessment of integrated care (forthcoming). Country figures underestimate each total number, which is likely to include numerous innovative but unreported initiatives.



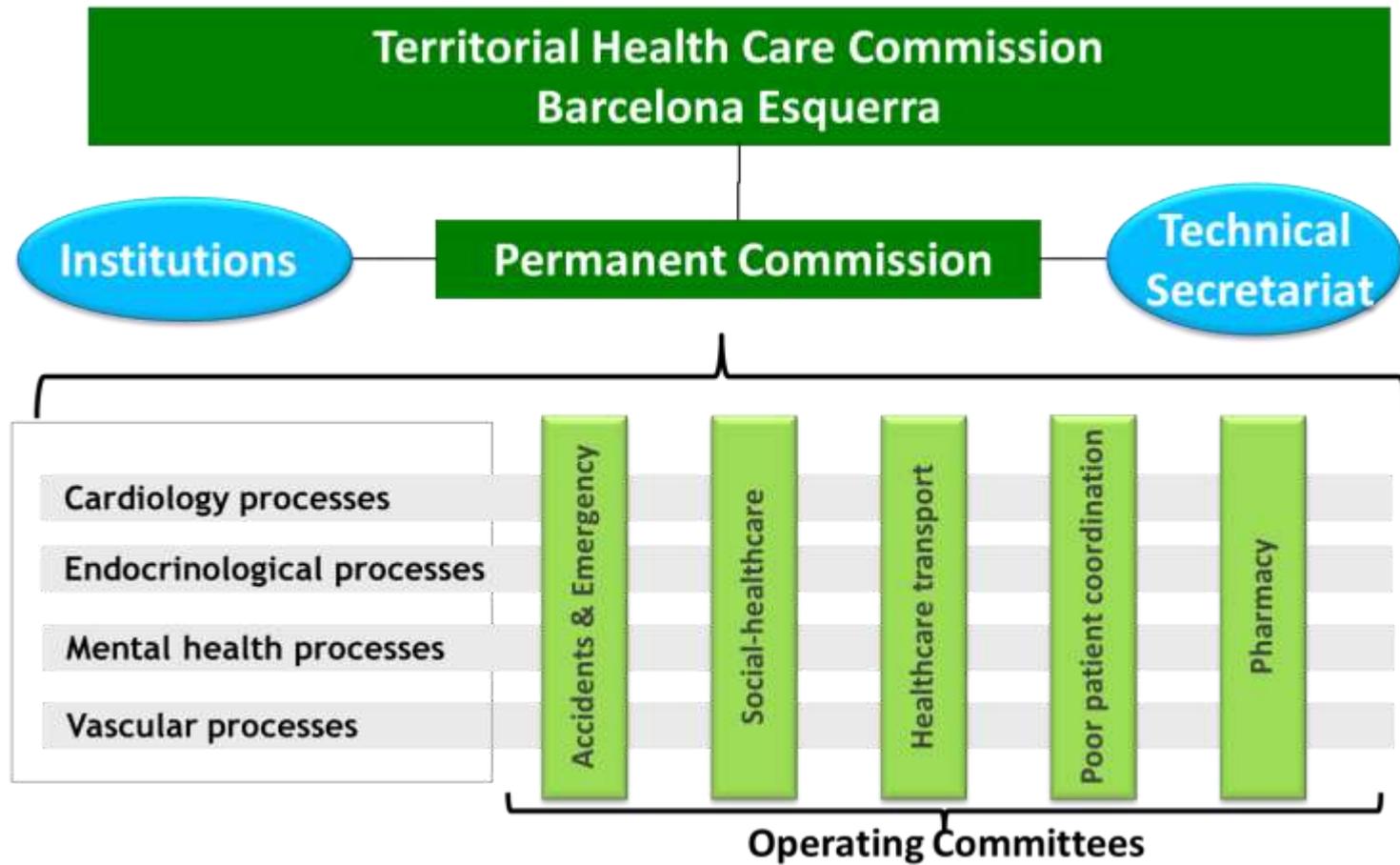
In practice:
The case of Barcelona Esquerra
Integrated Care Area (AISBE)

Barcelona AISBE, main figures

Area (km2):	45.08
Population (2017):	516912
Primary care teams:	19
Hospitals	4
Mental Health / addictions	6
Social Care / geriatrics	3
SEM (Medical Emergency System)	
Public Health	



Barcelona AISBE, organisational chart



Barcelona AISBE, an integrated care journey

Transfer to community

- Deployment Clinical Groups, over 150 meetings a year and involving about 400 professionals.
- Hospital specialists go to primary care centers using Primary Health Record Information Systems and share with GPs.
- Creating a common web repository with protocols and clinical pathways, training sessions and research projects.
- Creation of a platform for communication between information systems of different suppliers to share the processes (Phased approach: clinical documents, image, visit requests and citations)

Barcelona AISBE, deployment at scale and pace

- Crafting a narrative about integrated care
- Clear articulation of the benefits to patients, users and carers
- Adaptations at primary care level to become the regular platform for integrated care
- Payment incentives, sustainable business models
- Aligned governance policies
- Technology on our side
- Developing a Guiding Coalition
- Building support for change
- Collaborative Capacity



Take home messages for an
integrated care journey

A few remarks

- Persistence
- Clinical leadership
- Sense of opportunity
- Development of a consistent narrative in a language that was meaningful to decision-makers
- Invest significant amount of time in developing ‘social capital’ (it is about people, values, culture and emotions)
- Our integrated care approach remains fragile and still requires effort to keep it running
- No “short-cuts”. Our journey is still ongoing.

A few warnings

- **You can't integrate all of the services for all of the people all of the time**
Does it make sense to integrate?
- **Integration costs before it pays**
And success is not guaranteed!
- **Your integration is my fragmentation**
Assume as many different perceptions as stakeholders involved, maybe a few more
- **You can't integrate a square peg into a round hole**
All integrated care is local
- **The one who integrates calls the tune**
Watch out for dominant groups, don't take for granted common and shared values

Leutz WN. Five laws for integrating medical and social services: lessons from the United States and the United Kingdom. *Milbank Q.* 1999;77(1):77-110, iv-v.



Thank-you for your attention



19th International Conference
on Integrated Care
1-3 April 2019
San Sebastian, Basque Country

**A shared culture for change:
Evaluating and implementing models of integrated people-centred services**

