

Integrated Care Policy: Progress and Pitfalls of Implementation

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A brief history of integrated care

STAGE ONE

Recognising the cost of fragmentation

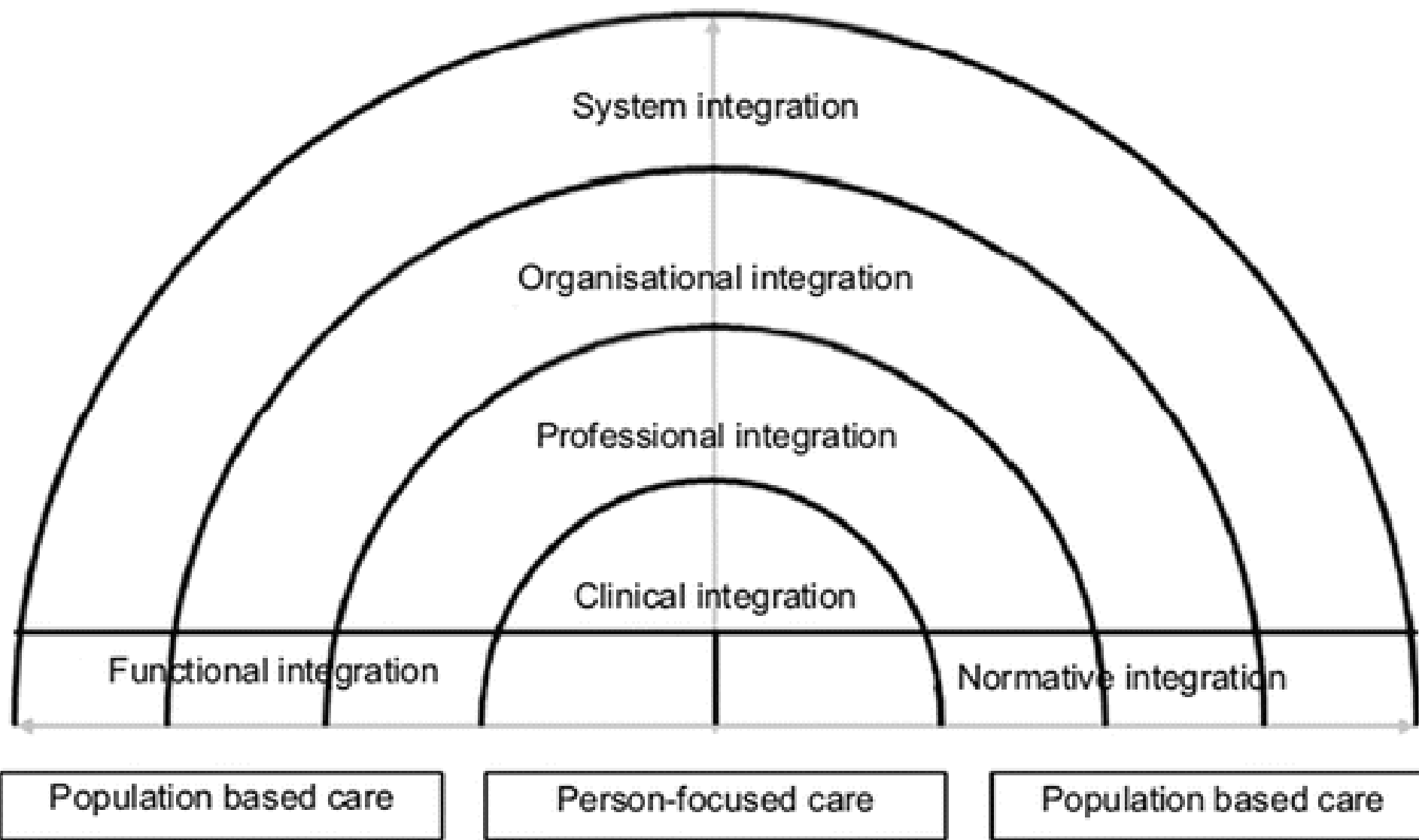
STAGE TWO

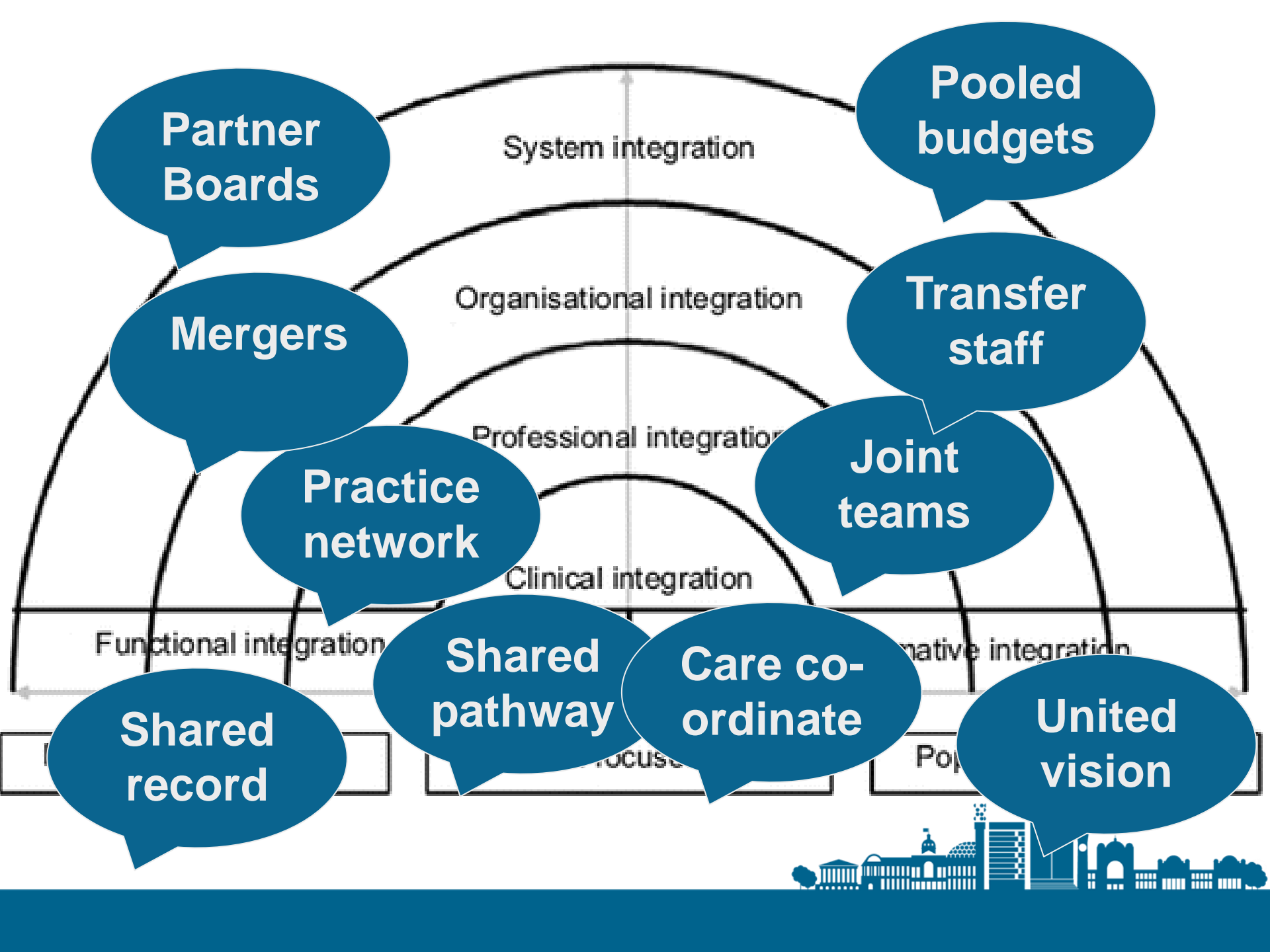
Focus on clinical pathways

STAGE THREE

Identifying the tools of integration







Partner Boards

Pooled budgets

Mergers

Transfer staff

Practice network

Joint teams

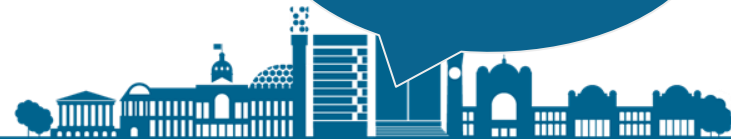
Clinical integration

Shared pathway

Care co-ordinate

Shared record

United vision



What is the evidence of such interventions?



- ❑ Positive impacts identified for single interventions
- ❑ But rarely as great as hoped
- ❑ Negative impacts also found
- ❑ Insufficient understanding of contributory factors
- ❑ Difficulty in implementing consistently



A brief history (continued)

STAGE FOUR

Holistic & person-centred

STAGE FIVE

Wider determinants of health & wellbeing

STAGE SIX

Integrating across the system



Triple Aim outcomes

population health

System integration

Organisational integration

Professional integration

Clinical integration

Cost & utilization

Experience of care

Functional integration

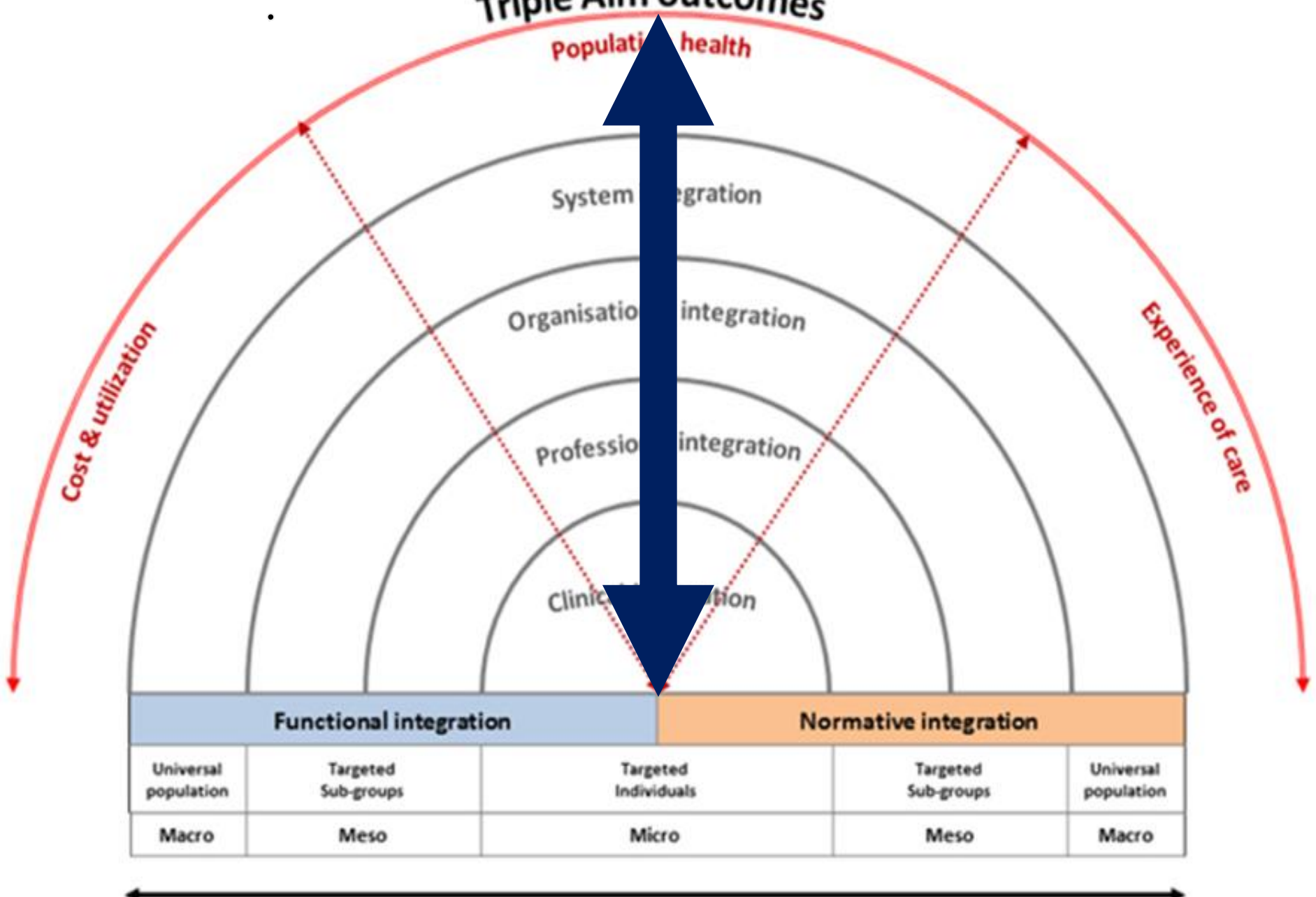
Normative integration

Universal population	Targeted Sub-groups	Targeted Individuals	Targeted Sub-groups	Universal population
Macro	Meso	Micro	Meso	Macro

Integrated care mechanisms

Valentijn et al 2015

Triple Aim outcomes



Integrated care mechanisms

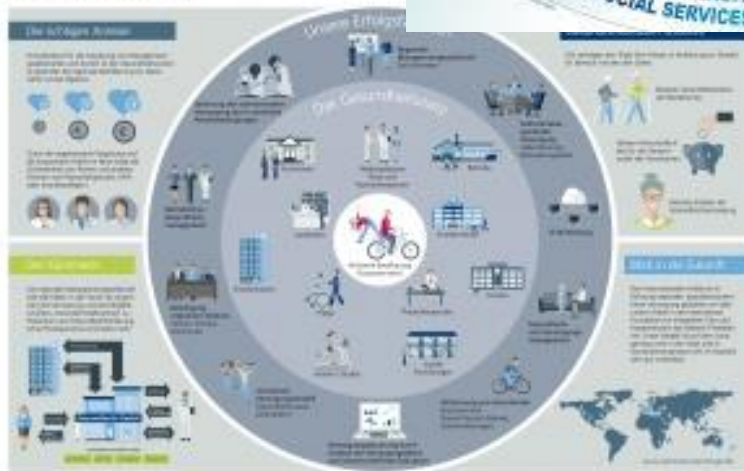
Valentijn et al 2015

Accountable Care Organisations

Figure 1. Map of Valencia region



Regionale Integrierte Versorgung
Das OptiMedis-Modell



INTEGRATED PRIMARY AND ACUTE CARE SYSTEMS JOINING UP GP, HOSPITAL, COMMUNITY AND MENTAL HEALTH SERVICES

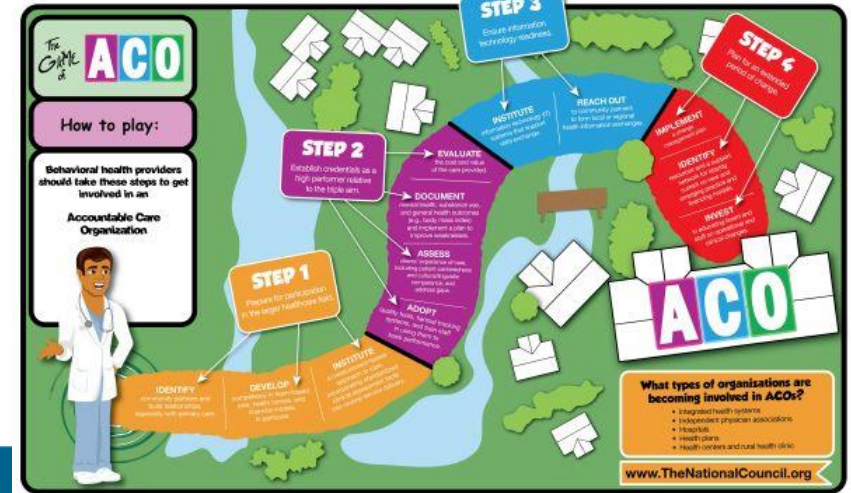


What is an ACO?

ACO stands for an accountable care organization. They are formed when healthcare organizations — like behavioral health, substance use treatment, and other specialty care providers — merge into integrated centers of care.



Implementing new regional systems of governance, patient consent, commissioner support and education.



Health Care Homes

MULTISPECIALTY COMMUNITY PROVIDERS MOVING SPECIALIST CARE OUT OF HOSPITALS AND INTO THE COMMUNITY



ACCESSIBLE

Giving people access to a range of support – such as a district nurse, social worker and pharmacist – all in one place.

COMMUNITY

Delivering services to people who don't require hospital services and can be treated in a community setting.

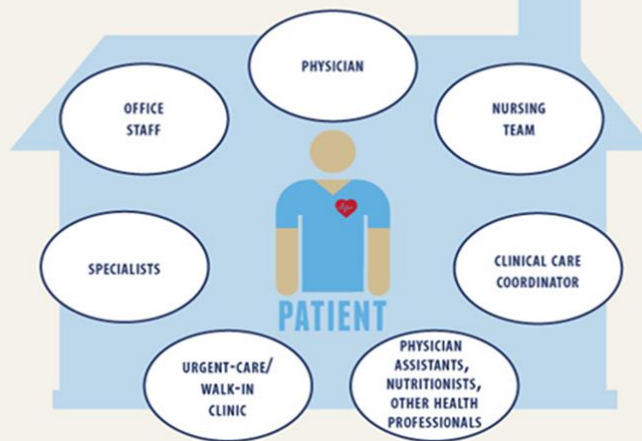
INTEGRATED

Developing an integrated, expanded and digitally mature primary health and wellbeing system.

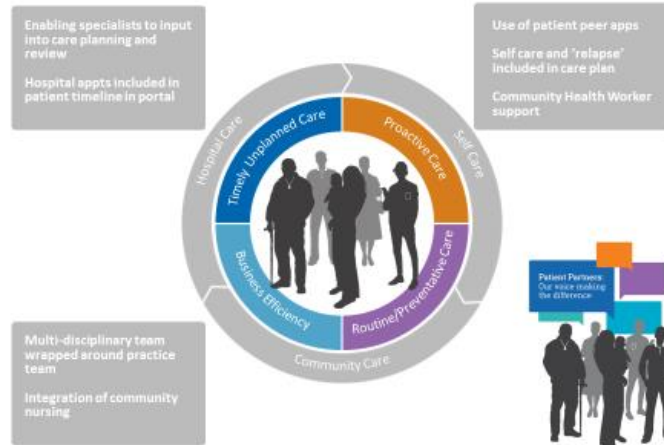
PROFES

Integrating nurses, allied health, health, allied health to be res

PATIENT-CENTERED MEDICAL HOME TEAM



Health Care Home as Integrator



The challenge of implementation

“The science of integrated care has contributed much to our understanding of the building blocks that need to be put in place for the effective deployment of integrated care in practice. What appears to be far more problematic is our understanding of how these different components need to combine together to ensure that new or existing programmes understand the ‘how’ of integrated care as well as the ‘what’. The field of integrated care is thus weak in terms of implementation science that enables research findings and evidence to be used to support health care policy and practice.”

(Goodwin 2013, p1)



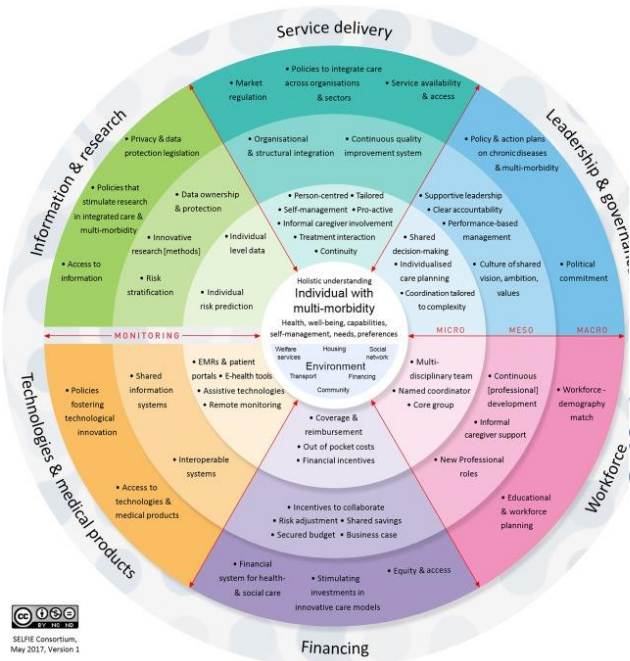
Multi-layered & complex

“In order for the person centred and integrated care to become an operational reality, it is necessary to create an enabling environment that brings together all stakeholders to undertake transformational change. This complex task will involve a diverse set of processes to bring about the necessary changes in leadership and management, information systems, methods to improve quality, reorientation of the workforce, legislative frameworks, financial arrangements, and incentives.”

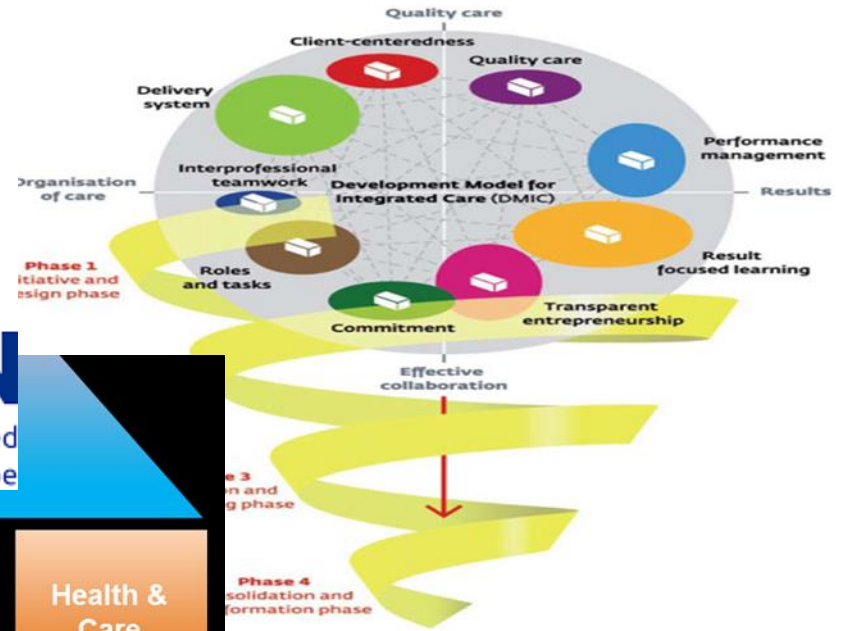
(WHO 2016, p1)



Frameworks can help...



SUSTAIN
 Sustainable tailored integrated care for older people in Europe



SELFIE Consortium, May 2017, Version 1



Engaged, Informed, Empowered Individuals & Carers

Care & Support Planning Conversation

Health & Care professional team committed to partnership working

'MORE THAN MEDICINE'
 Informal and formal sources of support and care sustained by the responsive allocation of resources



But the key components are generally in the 'softer components'

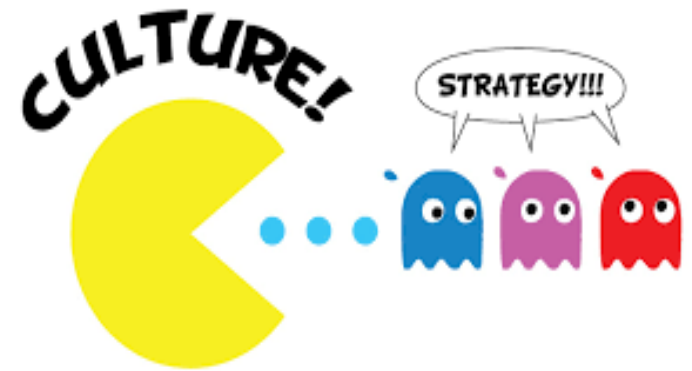
- Culture
- Engagement
- Leadership

- Moving to an integrated working approach is fundamentally a change process and this needs to be managed



Culture

- Often used a *post-hoc* rationalization for why things haven't worked.
- Debate over whether it is possible to change or influence culture.
- 'The way we do things round here'



Engagement

- ❑ Communication is a crucial part of collaborative processes.
- ❑ If stakeholders don't feel engaged and know why it is important to change ways of working then they won't do so.
- ❑ Pay attention to messaging up and down organizations and to external partners.
- ❑ Sometimes this gets forgotten when we are busy with structures and processes



Leadership

- Like culture, often given as a reason when things go wrong ‘we didn’t have strong leadership’.
- Need to work out what ‘strong’ leadership looks like in particular context.
- Leaders don’t always reside at the top – need to think about distributed leadership.
- Integration needs champions who will keep on pushing when others are flagging.



Integration as ‘craft’ and ‘graft’

- Ultimately, making a reality of integration is hard work and requires sustained attention.
- Although frameworks and case studies can help, need knowledge of local context, good judgement and hard work to bring it about.

Making a reality of integration: less science, more craft and graft

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Making a reality
of integration

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Abstract

Purpose – The purpose of this paper is to explore the study of integration and two perspectives that are found within the literature: the science of integration; and integration as craft and graft. These different perspectives are analysed for their inherent strengths and weaknesses and suggestions for the future research of integration are set out.

Design/methodology/approach – This paper is a commentary of the broad approaches that have been taken in studying integration.

Findings – The scientific perspective of integration has tended to dominate the literature and the industry that has developed around integration to date. However, the craft and graft perspective is one that is receiving increasing attention in recent times and which has much to offer in terms of better understanding issues of integration.

Originality/value – This paper is concerned with approaches to research into integration and also draws in newly emerging insights from the broader field of governance. It suggests that the author may wish to reconsider how the author research and practice integration in the context of health and social care.

Keywords Evidence-based practice, Health and social care, Integrated care, Interagency working

Paper type Viewpoint

Introduction

Integration is a key concept in health and social care and is a topic that has gained significant national and international attention (e.g. O’Leary and Bingham, 2009; Glasby and Dickinson, 2014). The case for why integration is important has, it would seem, been established and the primary debate in the burgeoning literature has shifted to how we might make a reality of this concept. A whole industry has emerged which aims to support organisations, institutions and individuals who are seeking to develop and implement integration. Given that the case for integration has largely been established we might anticipate that there is a significant and robust evidence base underpinning this concept, yet it has often been argued that this is lacking (see Dickinson, 2014 for a review of the literature). There are often very good reasons given for this including factors such as: the various different ways there are of defining integration; the complex systems that health and social care integration operates within; and, the variety of different aims that integration is purported to achieve, amongst others. This lack of a “solid” evidence base around integration causes significant difficulties for some commentators and it is argued that what is needed is more systematic research into these issues and how they collectively produce integration (e.g. Stein and Rieder, 2009).

The response to developing the evidence base that has been most prominent in the literature to date is to take a “scientific approach” to the study of integration

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Key questions for success: how many would you say 'yes' to?

- ❑ Do you understand the elements and influences of the problem you are trying to address by integration?
- ❑ Do you have a sense of where the work of different partners overlaps or conflicts?
- ❑ Have you agreed the outcomes to be achieved with relevant evidence sources?
- ❑ Have you engaged with professionals, consumers and other stakeholders around your integration plans?
- ❑ Have you identified leaders at all levels to support your program?

