UNDERSTANDING INTEGRATED CARE
FROM THEORY TO PRACTICE
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Webinar Advancing Integrated Care in Ireland
12-06-2019
WHY INTEGRATED CARE?

HOW TO MEASURE IT?

WHAT DO WE SEE IN PRACTICE?
WHY INTEGRATED CARE?
THE REAL PROBLEM

MIND THE GAP

SUPPLY

- Poor Coordination of care
- Lack of Accountability across providers
- Misalignment of payment incentives
- Little transparency in cost and medical outcomes
- App. 25% of all patients are harmed by medical mistakes
- 30% of all funds expended to healthcare are wasted

DEMAND

- Ageing
  - 22% of the global population in 2050 will be 60 years or older.
- Multimorbidity
  - 50% of the disease burden in OECD countries is caused by multimorbidity
- Costs
  - $8.7 trillion
  - Global healthcare spend in 2020: An increase of 10.5% of GDP.
Integrated care as a concept is an imprecise hodgepodge. Its meanings are as diverse as the numerous actors involved.

**Key Conclusions**

Integrated care is essential to sustaining our health systems. It is a multi-level, multi-modal, demand-driven and patient-centred strategy designed to address complex and costly health needs by achieving better coordination of services across the entire care continuum. Not an end in itself, integrated care is a means of optimizing system performance and attaining quality patient outcomes. While there is growing consensus that high-performing healthcare organizations cannot do without health system integration in order to meet changing patient needs and community expectations, there is much less agreement on the best ways to accomplish the goal of integrated care. The purpose of this review was to explore and provide a clearer picture of integrated care.

Kodner (2009)
INTEGRATED CARE

Integrated care can be defined as patients’ achieved outcomes and experience of care in combination with the amount of money spent by providing accessible, comprehensive and coordinated services to a targeted population. The group of care providers is collectively accountable and is willing to take the risks for the quality and costs of care. (Valentijn et al., 2016)

CHARACTERISTICS:
1. Person-focused;
2. Inter-sectorial collaboration;
3. Doing business together & taking risks; and
4. Realizing change & results.
THE RAINBOW MODEL

The Triple Aim

Drivers
1. Care tailored to people’s needs and values
2. Care tailored to people’s needs and values
3. Coordination of care among different care providers
4. Coordination of care among different organisational units
5. Influence of laws and regulations on care coordination activities
6. Supporting culture for care coordination activities (e.g. mutual gains)
7. Supporting infrastructure for care coordination activities (e.g. €, data)
8. Community oriented care coordination activities (practice, district, region)

Enables

Focus

Source: Valentijn et al. (2013, 2015, 2016, 2018)
WHY INTEGRATED CARE?

HOW TO MEASURE IT?
INTERNATIONAL STANDARD

An international standard for measuring integrated care

Theory

2013
Rainbow model

2014
Validation model

2015
Measurement tool 1.0

Practice

2016
Integrated Care Evaluation (ICE)

2017
Validation measurement tool 2.0 in 20 countries

2018
Evaluation studies
MEASUREMENT TOOLS

Online surveys

Patients
- 4 domains
- 24 questions
- 9 min
- $\alpha$ 0.89 – 0.97

Care providers
- 8 domains
- 48 questions
- 15 min
- $\alpha$ 0.86 – 0.95
INTERNATIONAL VALIDATION & BENCHMARK

Available languages
- Arabic
- Chinese
- Dutch
- English
- French
- German
- Hungarian
- Italian
- Kazakh
- Lithuanian
- Polish
- Portuguese
- Romanian
- Russian
- Spanish
- Swedish

Countries
- Argentina
- Australia
- Brazil
- Chile
- China
- Colombia
- France
- Germany
- Hungary
- Italy
- Kazakhstan
- Lithuania
- New Zealand
- Poland
- Portugal
- Romania
- Russia
- Saudi Arabia
- Singapore
- Spain
- Sweden
- The Netherlands
- UK
- Uruguay

Source:
- Valentijn et al. (2018, 2019)
GLOBAL PATIENT EXPERIENCE
GLOBAL PERSON-CENTRED CARE EXPERIENCE

Care tailored to people’s needs and values

Disconnected care experience

Partially connected care experience

Connected care experience

Disconnected care experience

Fragmented care experience

Average - Person-centered care

- CONFIDENTIAL -
GLOBAL CLINICAL COORDINATION EXPERIENCE

Coordination of care at the individual patient level

Disconnected care experience
Partially connected care experience
Connected care experience
Disconnected care experience
Fragmented care experience

Average Overall Care Coordination

Average - Service coordination

- CONFIDENTIAL -
1. First internationally validated measurement instrument that measures all aspects of integrated care

2. The questionnaires are short and generic (not disease-specific) and are widely applicable across organisations, settings (e.g. general practice, hospitals etc.), and patient cohorts

3. Both questionnaires have good construct validity & reliability

4. Results provide information about the quality of care as experienced by patients and caregivers

5. The data provides concrete information on how the quality of care can be optimized in practice.
Brochure

Integrated care seen through the eyes of patients and providers

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