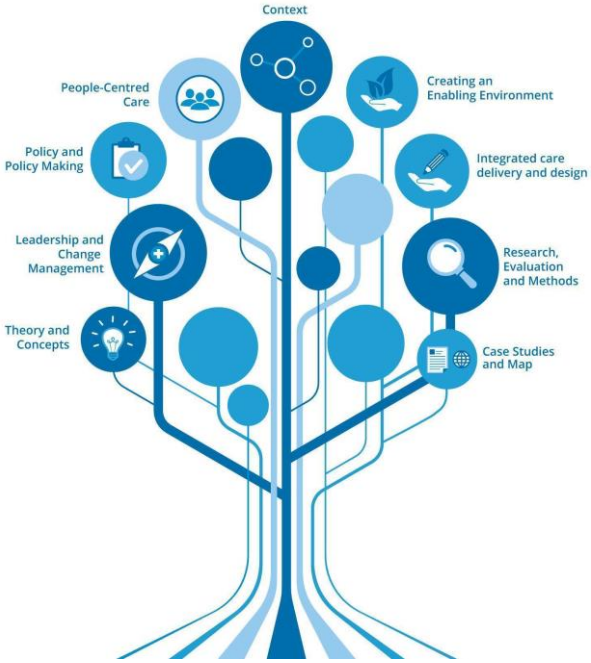
Integrated Care Matters

Proactive, Integrated and Personal: Anticipatory Care in Action

Knowledge Resource



About the information

The information provided in this document is intended to support the Integrated Care Matters webinar series.

Where possible, we select evidence that is published open access, and provided links to the materials referenced. Some are identified as author repository copies, manuscripts, or other copies, which means the author has made a version of the otherwise paywalled publication available to the public. Other referenced sources are pdfs and websites that are available publicly.

If you found this resource useful and would like to use the free Evidence Search and Summary Service (ESSS) to help you find and use evidence please get in touch to discuss your needs: esss@iriss.org.uk

Developed in partnership

International Foundation for Integrated Care
IFIC Scotland

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APTITUDE (n.d.) https://www.aptitude-net.com/es

APTITUDE is a project that aims to deploy, in the cross-border area of the Pyrenees, actions to prevent dependency in the elderly; by creating a network of experts who promote care, training, research and innovation in gerontology.

Aptitude (n.d) AMICOPE multi-component intervention https://www.aptitude-net.com/lintervention-multi-domaine-amicope

This intervention was presented during the 3rd Aptitude Workshop (Pamplona, July 3, 2019) by Dr. Antoni Salvà Casanovas and Dr. Sergi Blancafort Alias from the Fundació Salut i Envelliment of the Universitat Autònoma de Barcelona (UAB).

Beswick A D, Rees K, Dieppe P, Ayis S, Gooberman-Hill R, Horwood J, Ebrahim S (2008) Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis Lancet Mar 1;371(9614):725-35. doi: 10.1016/S0140-6736(08)60342-6. PMID: 18313501; PMCID: PMC2262920 https://pubmed.ncbi.nlm.nih.gov/18313501/

This resource contains a systematic review to assess the effectiveness of community-based complex interventions in the preservation of physical function and independence in elderly people.

Connect to Wellbeing (n.d) Connect to Wellbeing - Connect Ceredigion

This is an app that is one of the tools being used by a range of programmes delivered through Transformation across the West Wales region to help individuals and providers understand how their services impact upon an individual's wellbeing.

Delta Wellbeing (n.d), https://www.deltawellbeing.org.uk/

Delta Wellbeing a Local Authority Trading Company wholly owned by Carmarthenshire County Council. It was set up in June 2018 and involved the transfer of the Council's Careline service, which had been in operation for over 30 years, into the Company.

Dolovich L (2012) Ontario Pharmacists Practicing in Family Health Teams and the Patient-Centered Medical Home. Annals of Pharmacotherapy, 46(4_suppl), 33S-39S. https://doi.org/10.1345/aph.1Q804

This article considers the integration of pharmacists as key members of the health care team providing on-site, in-office coordinated care to family health team (FHT) patients which was included from the start of planning the FHT model and represents a substantial opportunity for pharmacists to realize their professional vision.

Generalitat de Catalunya (2021) Catalan model of care for people with frailty, complex chronic (CCP) and advanced chronic (ACP) conditions

https://salutweb.gencat.cat/web/.content/_ambits-actuacio/Linies-dactuacio/Estrategies-de-salut/Cronicitat/Documentacio-cronicitat/arxius/catalan-model-care-en.pdf

This report presents a model that seeks to promote a more individualised model of care, which should focus on results that are important to people. This model should serve as both a lever of change towards a more humanised system and the common theme of care—especially for people with frailty, complex chronic conditions and/or advanced chronic disease.

Generalitat de Catalunya (2021) The Chronic Care Management Team http://germanstriashospital.cat/en/chronic-care-management-team

This resource is about The Chronic Care Management Team (CCMT), an expert multidisciplinary team forming part of the services of the Gerència Territorial Metropolitana Nord de l'Institut Català de la Salut (ICS). The ICS is the main public health provider in Catalonia, including the Metropolitan area of Barcelona North, and it manages care for 70% of the population (up to 1,4M people from 71 municipalities), through 64 Primary Care Teams and the Germans Trias i Pujol University Hospital.

Farmanova E, Baker GR, Cohen D (2019) Combining Integration of Care and a Population Health Approach: A Scoping Review of Redesign Strategies and Interventions, and their Impact. International Journal of Integrated Care. 2019;19(2):5. DOI: http://doi.org/10.5334/ijic.4197

This article aims to identify specific redesign strategies and interventions and presents evidence of their effectiveness.

Hopkins S A, Lovick R, Polak L, Bowers B, Morgan T, Kelly M P et al (2020) Reassessing advance care planning in the light of covid-19 BMJ 2020; 369 :m1927 doi:10.1136/bmj.m1927 https://www.bmj.com/content/369/bmj.m1927

This article suggests that the benefits of advance care planning derive more from the process than from the plans it produces and this is essential for the provision of optimum care for patients and their families. Moreover, an overemphasis on achieving individual choice, the stated purpose of advance care plans, may paradoxically undermine good care.

Mas MÀ, Miralles R, Heras C, Ulldemolins MJ, Bonet JM, Prat N, et al (2021) Designing a Person-Centred Integrated Care Programme for People with Complex Chronic Conditions: A Case Study from Catalonia. International Journal of Integrated Care. 2021;21(4):22. DOI: http://doi.org/10.5334/ijic.5653

This study developed an evidence-based integrated care programme tailored to high-need patients combining input from patients, caregivers, and healthcare and social care professionals.

Nord M, Lyth J, Alwin J et al (2021) Costs and effects of comprehensive geriatric assessment in primary care for older adults with high risk for hospitalisation. BMC Geriatr 21, 263 (2021). https://doi.org/10.1186/s12877-021-02166-1

https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-021-02166-1

To evaluate the effectiveness of comprehensive geriatric assessment (CGA) of older adults with a high risk of hospitalisation the authors conducted a prospective, pragmatic, matched-control multicentre trial at 19 primary care practices in Sweden.

Smith SM, Wallace E, O'Dowd T, Fortin (2016) Interventions for improving outcomes in patients with multimorbidity in primary care and community settings. Cochrane Database of Systematic Reviews https://pubmed.ncbi.nlm.nih.gov/26976529/

This article examines the effectiveness of health-service or patient-oriented interventions designed to improve outcomes in people with multimorbidity in primary care and community settings.

The King's Fund (2018) A vision for population health https://www.kingsfund.org.uk/publications/vision-population-health

The report outlines a framework for population health centred on four pillars: the wider determinants of health; our health behaviours and lifestyles; the places and communities we live in; an integrated health and care system.

Vuik S I, Mayer E & Darzi A (2016) A quantitative evidence base for population health: applying utilization-based cluster analysis to segment a patient population. *Popul Health Metrics* 14, 44 (2016). https://doi.org/10.1186/s12963-016-0115-z https://pophealthmetrics.biomedcentral.com/articles/10.1186/s12963-016-0115-z

This paper explores the potential of using utilization-based cluster analysis to segment a general patient population into homogenous groups.