IFIC ANNUAL STATE OF INTEGRATED CARE SURVEY 2024

Power to People

The reality of people-centred care experience for people and communities

Authors
Niamh Lennox-Chhugani
Arturo Alvarez-Rosete
Edelweiss Aldasoro
Pamela Barkhouse
Stacey Grealis

Additional survey design and analysis contributors
Pilar Gangas
Alejandro Gil Salmerón
Maha Ganem
Jacqui Browne

IFIC International Foundation for Integrated Care

Introduction

The International Foundation for Integrated Care (IFIC) launched the findings of its first Annual Survey in 2022. At this time the feature of integrated care that was consistently ranked the highest by all groups of respondents was 'people-centred'.

The IFIC Annual Survey in 2024 wanted to find out how people-centred care is practiced and experienced in different countries around the world and in different settings.

When preparing for the survey, we reviewed the academic and grey literature to identify frameworks that enable the implementation of people-centred care in practice.

We then conducted working sessions with people-centred care experts to agree on the dimensions of people-centred care that we wanted to focus on in the Survey. We also published a briefing paper to support the launch of the survey explaining the concept of people-centred care.

We identified five dimensions of people-centred care from the point of view of the person at the centre:

A. I am involved in decision-making about all aspects of my care.

B. Health and care providers understand what people-centred care is and this shows in the way they communicate and work with me.

C. My care plan is co-created with me based on what matters to me and there are clear processes to support this.

D. What matters to me in my care has the same importance as other clinical and social outcomes.

E. My care is coordinated across different organisations involved.

These dimensions challenge the current implied "rules of practice" that determine how people at the centre of care and their health and care providers work together. We know that care integration and people-centred care are both relational practices, that is, they rely on how people relate to each other to achieve shared goals.

The "rules of practice" as many experience them in health and care today prioritise clinical and social outcomes defined by health and care providers and put the health and care provider in control of decision-making and care planning. These "rules", by their nature, delegate coordination of care to the person and their family by asking them to be the link between various providers of care.

The 2024 survey explored whether people at the centre of care, health and care providers and researchers are experiencing a shift in these "rules" indicating more people-centred care.

The survey

The main survey question was: **To what extent do people think that people-centred care is being delivered today in health and care systems based on the needs, preferences, and values of people at the centre of care?**

A total of 576 responses were clustered into three distinct groups for analysis:

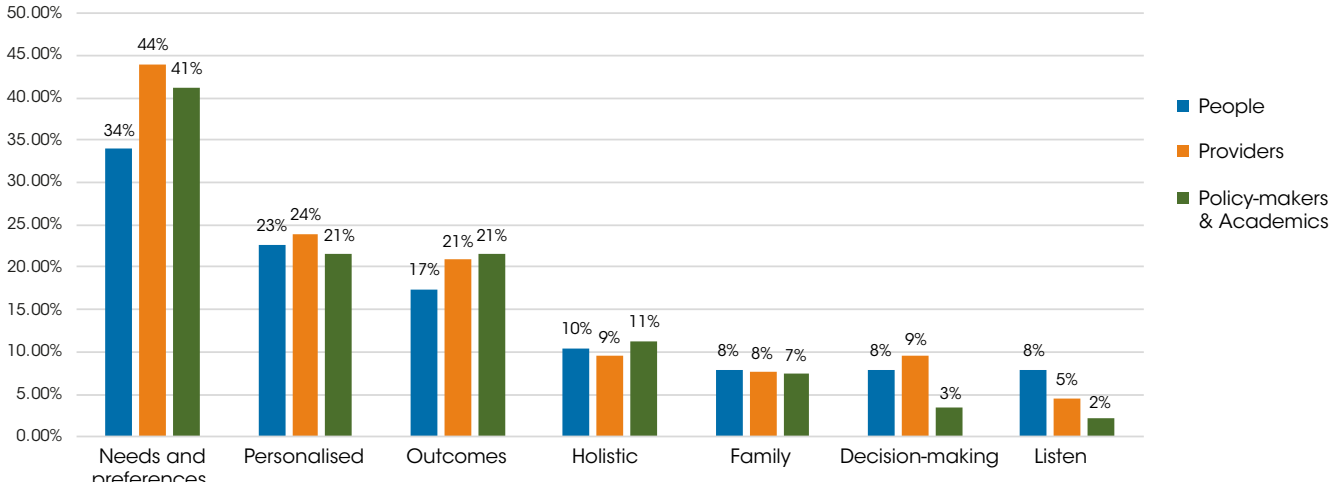
1. Person at the centre of care or accessing services;
2. Health and care provider;
3. Policymaker or academic and/or researcher.

Results

1 We asked **why people-centred care is important to people?** The graph below shows the responses by groups. People think that an approach to care that is centred around the person is important because:

1. it focuses care on the "person's needs and preferences."
2. it reminds us that care needs to be personalised, it is meant for and delivered to a specific individual, who receives care under individual circumstances.
3. it focuses care on the outcomes that matter to people.

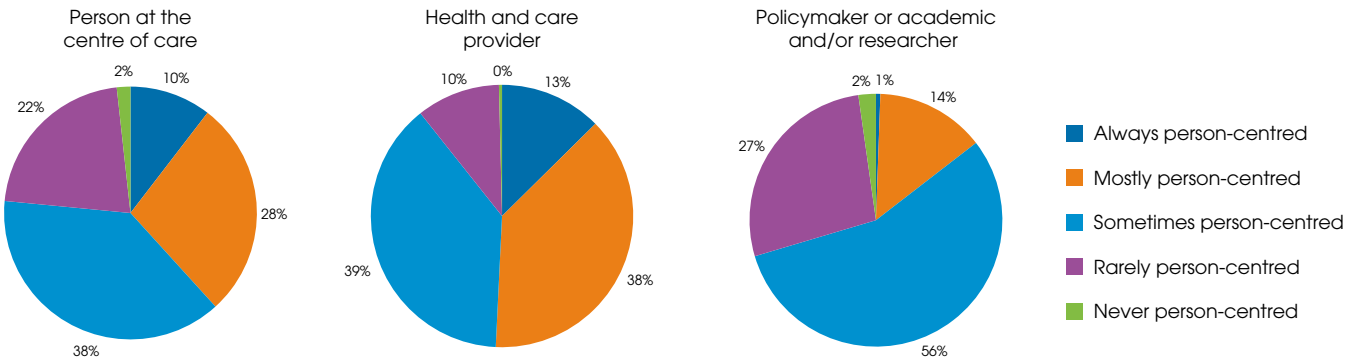
Figure 1: Why you think people centred care is important



2 We asked **if the care people currently receive is people-centred?** The survey respondents had a positive view of people-centred care by health and care providers, a mixed view from people at the centre of care but more negative view from policymakers and researchers. Most of the **health and care providers** view the care they provide as "always" or "mostly" people-centred (51%) and most of the remainder (39%) perceive their care to be "sometimes" people-centred.

People-at-the-centre of care are divided equally between those who view the care they are receiving as sometimes people-centred (38%) or always/mostly people-centred (38%). Only 15% of **policymakers and researchers** view people-centred care as experienced "always" or "mostly".

Figure 2: We asked if the care people currently receive is people-centred



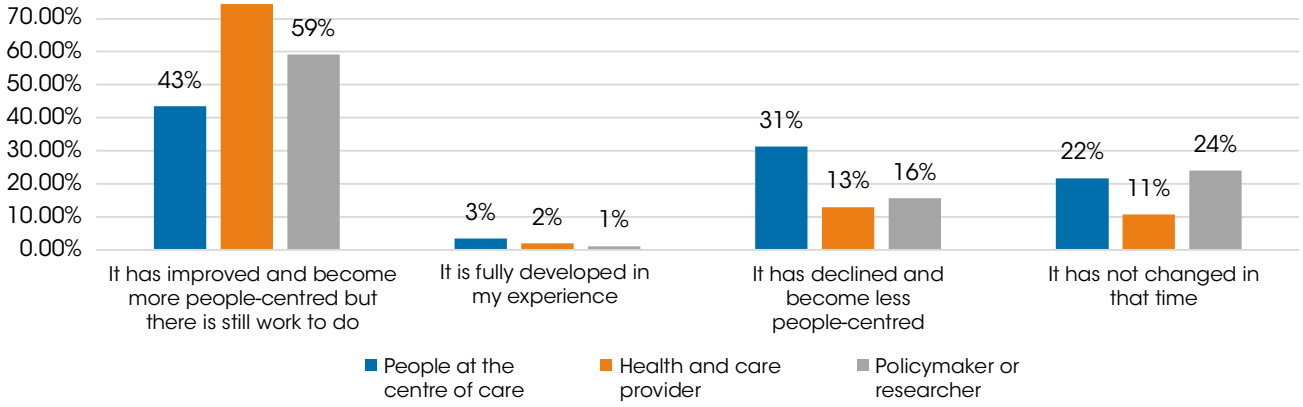
3 There are more people who think people-centred care has improved over the past 5 years than not but still with room for further improvement.

The most positive group are the **health and care providers**, but in this case followed by policymakers and researchers. Most of the health and care providers view the care they are providing as becoming more people-centred over the last 5 years (74%).

Policymakers and researchers are less positive but still 59% view the care provided as becoming more people-centred over the last 5 years. A smaller number of respondents in each group view people-centred care as having declined or stayed the same (24% for health and care providers, 40% for policymakers / researchers) in that time.

In contrast to these two groups, the views of **people at the centre of care** are not as positive. While 43% think people-centredness has improved, the highest number of responses to this question, 22%, think that it has not changed and 31% think it has got worse over the same period. If we combine those who think is has not changed or got worse, this is 53% of all responses.

Figure 3: Your experience of people centred care over the last 5 years



4 What is the picture when analysing the key dimensions identified in the literature?

When we look at the survey results against the five dimensions by groups of respondents, some patterns start to emerge. Overall, there seems to be a more positive perception of those dimensions the closer we are to the person at the centre of care, that is, the more direct control they have over the levers of people-centredness.

Table 1 below presents the **people at the centre of care respondent group**. This group scores the dimension, involvement in decision-making, highest. This pattern continues for health and care providers understanding of people-centred care and co-created care planning, but with lower scores. **People at the centre of care** have a less positive view on dimensions that lie more in the control of the provider - the importance of outcomes and care coordination. Those dimensions that require both the person at the centre of care and the provider to work together in joint action are also less positively viewed by this group.

Table 1. Person at the centre of care views on the PCC dimensions

	Always/Mostly	Sometimes	Rarely/Never
A. I am involved in decision-making about all aspects of my care	53%	37%	11%
B. Health and care providers understand what people-centred care is and this shows in the way they communicate and work with me	41%	37%	24%
C. My care plan is co-created with me based on what matters to me and there are clear processes to support this	39%	26%	35%
D. What matters to me in my care has the same importance as other clinical and social outcomes	35%	36%	29%
E. My care is coordinated across different organisations involved	29%	24%	47%

Table 2 summarises the responses from **health and care providers group**. This group is more mixed in its view of all five dimensions. The highest response rate in each case is "sometimes." But we do see a similar pattern to the person at the centre of care group, in that those dimensions that require both the person at the centre of care and the provider to work together in joint action are less positively viewed.

Table 2: Health and care providers views on the PCC dimensions

	Always/Mostly	Sometimes	Rarely/Never
A. I am involved in decision-making about all aspects of my care	40%	48%	12%
B. Health and care providers understand what people-centred care is and this shows in the way they communicate and work with me	42%	47%	11%
C. My care plan is co-created with me based on what matters to me and there are clear processes to support this	30%	46%	24%
D. What matters to me in my care has the same importance as other clinical and social outcomes	33%	44%	22%
E. My care is coordinated across different organisations involved	26%	43%	32%

Table 3 presents the **policymakers and researchers' group**. This group is overall more negative about the experience of people-centred care especially where health and care providers hold more control.

Table 3. Policymakers and researcher views on the PCC dimensions

	Always/Mostly	Sometimes	Rarely/Never
A. I am involved in decision-making about all aspects of my care	13%	60%	27%
B. Health and care providers understand what people-centred care is and this shows in the way they communicate and work with me	14%	62%	24%
C. My care plan is co-created with me based on what matters to me and there are clear processes to support this	12%	46%	42%
D. What matters to me in my care has the same importance as other clinical and social outcomes	14%	40%	45%
E. My care is coordinated across different organisations involved	12%	45%	43%

Conclusion

We conclude from these findings that health and care providers are the group with the most positive views on whether care is currently people-centred. They are followed by people at the centre of care and then by policymakers and researchers, who hold the most negative views.

There are more people who think that people-centred care has improved over the past 5 years, but there is still much work to do. Health and care providers are again the group with the most positive views on this, however, here it is people at the centre of care the group with the less positive views.

The respondents to this survey, drawn as they are from the Foundation's network, tend to be well-informed about integrated people-centred care in general and most of our respondents come from high income countries. This limits the extent to which we can generalise the findings.

Across all three groups, there is a more positive view of the first two dimensions, decision-making shared with the person and the provider understanding and practicing people-centred care, than of the other three dimensions. For the dimensions of co-creation, what matters to person being given equal weight and care coordination, views are more mixed. This could be indicative of a clear desire to be more people-centred, but a gap is still evident between this desire and what is happening in practice and experienced by people.

If we are going to close this gap, we need to be a change the unspoken "rules of practice" that shape how people at the centre of care and providers work together to create health and wellbeing outcomes that matter to the person. This means moving control for care planning and decision-making from the provider towards the person at the centre of care. This is a significant cultural and mind-set shift for providers and people at the centre of care. This shift must happen if we want to make people-centred care a reality.

For progress to be made in people being involved in decision-making, the first dimension in our list, all the other dimensions are pre-conditions. We cannot ask people to take more control of their own care unless providers and policymakers create the conditions in which they can do that with respect for what matters to them.

Finally, people-centred care is not synonymous with integrated care. Care could be people-centred but not integrated. It can be personalised and focused on the needs and preferences of people, thus people-centred, but other essential components of the integrated care definition might be absent – such as being coordinated and continuous over time.

Whilst care can be coordinated and continuous without being people-centred, the findings of this survey show that our network would not recognise a model of integrated care that did not put people-centeredness at its core. Care cannot be integrated in its fullest sense, without being people-centred. We reaffirm the importance of people-centred care is an essential component of integrated care practice.