COVID-19

Irish State Claims Agency Webinar

Realising the true value of integrated care:

Beyond COVID-19

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IFIC'S CALL TO ACTION

Realising the true value of integrated care: Beyond COVID-19

We hope the current COVID-19 pandemic will prove to be the catalyst for countries and regions across the world to rethink and redesign our health and care systems and networks in a way that works for all, including those most vulnerable, and that makes us all better prepared to cope with emerging systemic shocks.

THE 9 PILLARS

1. Shared values and vision

2. Population health and local context

3. People as partners in care

4. Resilient communities and new alliances

5. Workforce capacity and capability

6. System wide governance and leadership

7. Digital solutions

8. Aligned payment systems

9. Transparency of progress, results & impact

1. Shared values and vision

This is a system-wide responsibility that is heavily influenced by what our societies and organisations value and the extent to which we are prepared to work together to achieve our shared vision.

Harnessing the power of multisectoral, interdisciplinary, collective action, begins through co-creating shared values, societal goals and vision amongst all partners.

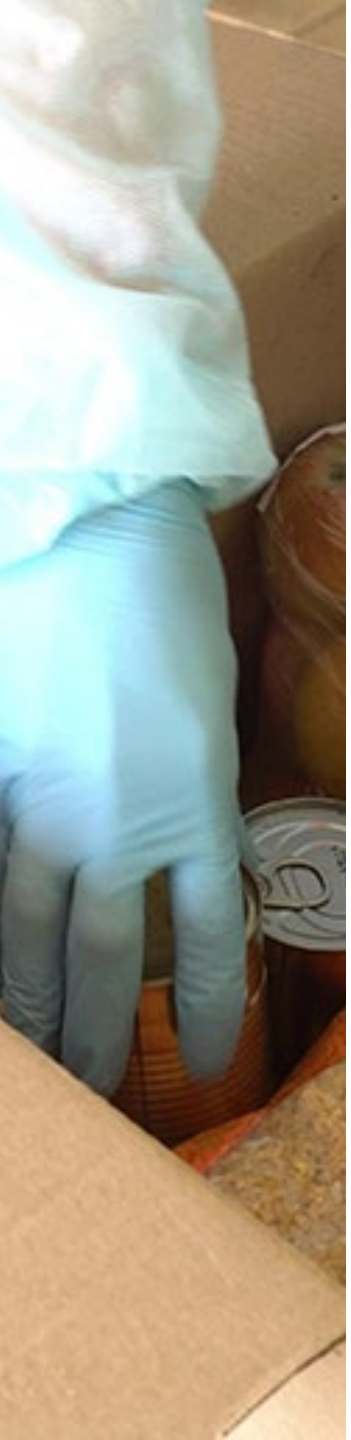
2. Population health and local context

In most places, attempts to achieve better population health and wellbeing fall short because efforts tend not to focus on addressing the root causes - the determinants of health and the reduction of health disparities.

The current appetite for more radical options to transform public services to ensure that public funds and institutions are adequately resourced and that they are shaped by the people who need them.

3. People as partners in care

In tackling COVID-19 we – citizens, patients, carers and professionals together – need to recognise that our actions will only be effective if people are engaged, informed, and supported to look after their own health and wellbeing, reducing demand on services, whilst at the same time ensuring they understand when they should seek help.



4. Resilient communities and new alliances

The current pandemic has heightened our sense of solidarity on the one hand, but increased protectionism on the other and illustrates that we cannot overcome a crisis of this scale on our own.

One example is the spread of compassionate communities, including asset-based approaches to create a vibrant global movement that recognises that caring for one another is everyone's business.

5. Workforce capacity and capability

The current pandemic has stretched our workforce beyond what we could have imagined. They have stepped up by extending scope of practice, blurring roles to support each other, and rapidly acquiring new caring and remote consultation skills to offer the best possible care and support in extremely difficult circumstance – this augurs well for workforce reform.

We have a unique opportunity to test integrated workforce solutions that will strengthen our systems and lead to better health, better care and better value.

6. System wide governance and leadership

Network governance models can be used to rethink the way cross-organisational services and joint actions are contracted and funded, coordinated, inspected and regulated, and on how outcomes and benefits are assessed for the care recipient, care teams and the system.

Far from command and control leadership, the current crisis is teaching us that successful leaders are those leading in a compassionate, inclusive and dynamic manner.

7. Digital solutions

Since the outbreak of COVID-19, countries have seen a rapid citizen-led proliferation of digital solutions being used for remote working, socialisation between family, friends and communities, and education, to name but a few. This rapid pace of change has been mirrored by national and local government and public health through the use of social media and other communication channels to effectively reach individuals to provide guidance, care, support, collect well-being and COVID infection data, and undertake tracing through Apps.

8. Aligned payment systems

Payment systems in most healthcare systems have evolved piecemeal over time and reflect all the fragmentation of our health and social care systems across public, for-profit and not-for-profit provider sectors. This gets in the way of delivering integrated care more often than not.

COVID-19 has seen unprecedented investment in many health systems. This needs to deliver a return on investment for our populations well beyond that pandemic. That will mean thinking more systemically about how payment systems reward value-based care where people and clinicians as partners in care determine what that value is.

9. Transparency of progress, results & impact

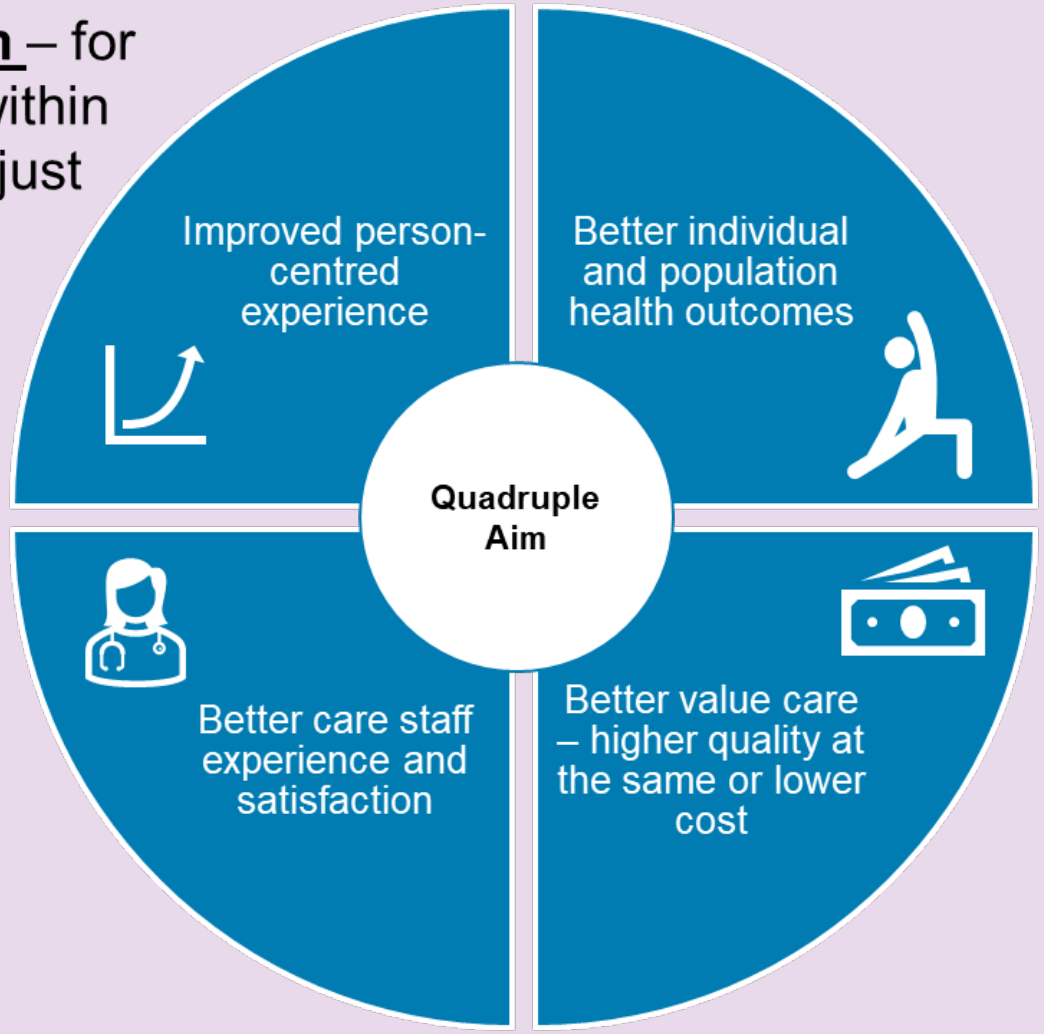
Just as there is no ‘one size fits all’ model of integrated care that suits all ambitions, situations and contexts, there is no one single tool or approach that can be used to measure the progress, results and impact.

Continuing to base our integrated care evaluations and assessments primarily on available health data and information will go nowhere near capturing the unprecedented responses and scenarios that are emerging around the world from COVID-19.

What is the impact of delivering integrated care?

THE QUADRUPLE AIM OF HEALTH AND CARE

The quadruple aim – for all models of care within health systems not just integrated care.



Sikka R, Morath JM, Leape L
The Quadruple Aim: care, health, cost and meaning in work
BMJ Quality & Safety 2015;**24:**608-610.

2016 Systematic review

Damery S, Flanagan S, Combes G. Does integrated care reduce hospital activity for patients with chronic diseases? An umbrella review of systematic reviews *BMJ Open (*2016); **6:**e011952.

- 11/21 reviews reported significantly reduced emergency admissions (15–50%);
- 11/24 showed significant reductions in all-cause (10–30%) or condition-specific (15–50%) readmissions;
- 9/16 reported LoS reductions of 1–7 days and 4/9 showed significantly lower A&E use (30–40%).

2018 Systematic review

Baxter, S., Johnson, M., Chambers, D. *et al.* The effects of integrated care: a systematic review of UK and international evidence. *BMC Health Serv Res* **18,** 350 (2018).

- Evidence of perceived improved quality of care,
- Evidence of increased patient satisfaction,
- Evidence of improved access to care.
- Evidence was rated as either inconsistent or limited regarding all other outcomes reported, including system-wide impacts on primary care, secondary care, and health care costs

2020 Systematic review and meta-analysis

Rocks, S., Berntson, D., Gil-Salmerón, A. *et al.* Cost and effects of integrated care: a systematic literature review and meta-analysis. *Eur J Health Econ* **21,** 1211–1221 (2020).

- A significant decrease in costs (0.94; CI 0.90–0.99) and a statistically significant improvement in outcomes (1.06; CI 1.05–1.08) associated with integrated care compared to the control.
- Results were significant in studies lasting over 12 months (12 studies), with both a decrease in cost (0.87; CI 0.80–0.94) and improvement in outcomes (1.15; 95% CI 1.11–1.18) for integrated care interventions; whereas, these associations were not significant in studies with follow-up less than a year.

2015 Clinical risk and integrated care

Lennox-Chhugani N, Horrigan D, Stein D, Jain A. Clinical risk and integrated care: Lessons from Accountable Care Organisations in the United States. Clinical Risk. 2015;21(4):61-66.

- The act of integration is, in itself, a strategy for managing clinical risk by centering care around the patient including corresponding safety and risk management
- One case study highlighted demonstrated reduced readmissions rates (20%) and reduced admission rates for ambulatory care sensitive conditions (15%). Performance on medication reconciliation post-discharge improved adherence.

In conclusion

- We know integrated care models have positive health and experience benefits for people living with long term conditions including older people, health and care professionals and can bend the cost curve.
- We are seeing some evidence that models of integrated care reduce malpractice claims in the US with vertically integrated hospitals having 7% fewer claims per year as compared to hospitals that are not vertically integrated[1].
- BUT we need better data to ensure that we are monitoring the impact of new models of care and responding to feedback from within the system.

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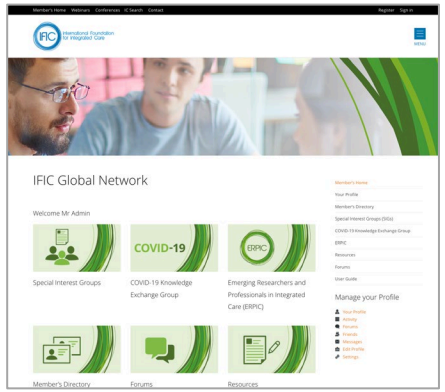
[1]Shvets, Elizabet, "Effects of Physician-Hospital Integration on Malpractice Claims" (2019). *CUNY Academic Works.*

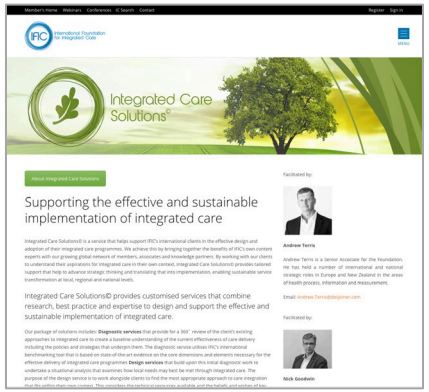
IFIC Resources and Support



IFIC Global Network

IFIC's open-access network connects the growing number of individuals and organisations interested in collaborating and sharing knowledge on integrated care. Register for free to access our online networking platform and Special Interest Groups (SIGs).

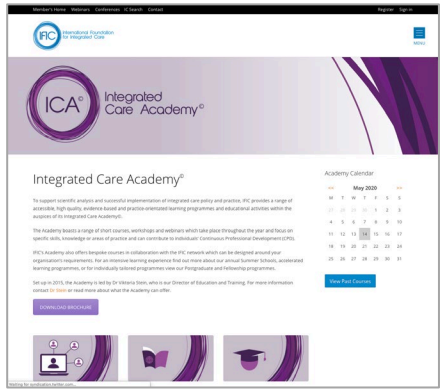
integratedcarefoundation.org/global-network



Integrated Care Solutions

The Foundation's Integrated Care Solutions service is customized to client's needs, combining research, best practice and expertise in context to design and support the effective and sustainable implementation of integrated care at local, regional and national levels.

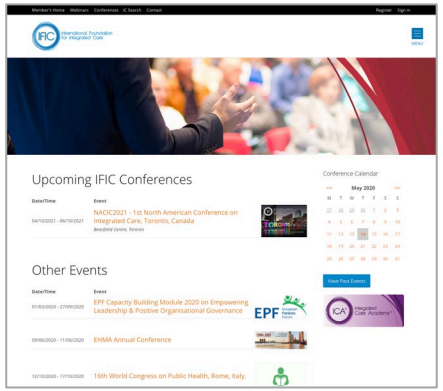
integratedcarefoundation.org/integrated-care-solutions



Integrated Care Academy

The Integrated Care Academy supports scientific analysis and successful implementation of integrated care policy and practice. The Academy provides a range of accessible, high quality, evidence-based and practice-orientated face-to-face and online learning programmes.

integratedcarefoundation.org/ific-integrated-care-academy



IFIC Conferences and Virtual Events

Our conferences bring together researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care. Our European conference has been taking place annually since 2000 and attracts up to 1,500 delegates from all over the world. Our online events and live streams are viewed by 5,000 people representing more than 60 countries.

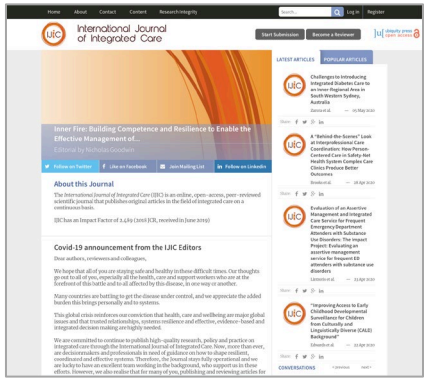
integratedcarefoundation.org/conferences-events

IFIC Resources and Support

Integrated Care Knowledge

IFIC is an international centre of knowledge, expertise and ideas on integrated care. The Knowledge Centre is an open-access and authoritative resource on integrated care for use by policy makers, managers, care professionals and researchers. IFIC Research and Development team participate in a number of European funded projects which generate the most up to date learning on Integrated Care.

integratedcarefoundation.org/our-work



IJIC

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